



# TLINGIT & HAIDA HEAD START

*Central Council Tlingit and Haida Indian Tribes of Alaska*

PO Box 21347 • Juneau AK 99802 | 201 Cordova Street • Juneau AK 99801  
Phone 907.463.7127 • Toll Free 1.800.344.1432 • Fax 907.463.7388 • www.ccthita.org

## POLICY COUNCIL APPLICATION

Center: \_\_\_\_\_

I am applying for: \_\_\_\_\_ **Representative** \_\_\_\_\_ **Alternate**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Message/cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

What interested you in becoming a Policy Council member? How do you feel about the position?

What policies or issues would you like to see changed or developed?

Have you ever served on the Tlingit and Haida Head Start Policy Council? (If yes please give years served.)

\_\_\_\_\_  
\_\_\_\_\_

My family is currently enrolled with the Tlingit and Haida Head Start Program this year.

Yes                      No  
(Circle one)

Do you currently have any relatives (as stated in 1998 CCHITA performance standards for "immediate family" to be father, mother, husband, wife, son, daughter, brother, sister, grandparent, and grandchild) working for Tlingit and Haida Central Council?

Name of relative	Position	How related
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I am aware of the conflict of interest involving family members working for Tlingit and Haida Central Council and my being elected to Policy Council and I will inform the Policy Council should any of my family be hired for any position with Tlingit and Haida Central Council.

I am committed to and take responsibility for my Policy Council Position.

\_\_\_\_\_ I understand that taking this position means that I must be willing to travel

\_\_\_\_\_ I understand that I will attend or have my alternate attend all Policy Council meetings.

\_\_\_\_\_ I will discuss all major issues with my staff and parents prior to voting for my center

\_\_\_\_\_ I understand that some issues that will be discussed at the Policy Council level are sensitive and should be kept in confidence. I have signed the confidentiality form and understand the consequences of breaching confidentiality.

\_\_\_\_\_ I understand that if I resign prior to the ending of my elected term that it is my responsibility to find my replacement before my effective date of resignation.

\_\_\_\_\_ I will hold a local parent training for my center upon my return from the face-to-face meeting/training.

\_\_\_\_\_  
Parent Representative or Alternate

\_\_\_\_\_  
Local Chairperson

\_\_\_\_\_  
Lead Teacher