



0-5 Head Start Policy Council Candidate Interest Form

Anyone who is interested in running to serve on the EightCAP, Inc. 0-5 Head Start Policy Council must complete this Candidate Interest Form. The following information may be used on the ballot for an upcoming election.

Interested Individual's Name:

Address:

City: State: Zip Code:

Phone Number:

E-mail Address:

Are you or your child currently enrolled in the Head Start or Early Head Start program?

Yes No

Child's Name (*if applicable*):

If yes, in which of the following EightCAP, Inc. program options are you or your child enrolled?

Head Start Early Head Start Center-Based Early Head Start Home-Based

Please write a brief description about yourself and a statement of why you wish to serve on the Policy Council. This information will be printed on a Ballot Form to be distributed to all current Head Start and Early Head Start Parents/Legal Guardians in future elections for a seat on the 0-5 Head Start Policy Council.

By placing my signature below, I attest that the information that I have provided on this form is true and accurate. I also give EightCAP, Inc. permission to publish the information that I provided on this form on a ballot for an election for a seat on the 0-5 Head Start Policy Council.

Signature

Date