

Deer Valley Unified School District No. 97

**COMMITTEE
VOLUNTEER APPLICATION**

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

COMMITTEE: _____

NO. AND POSITION ON COMMITTEE: _____

(See Committee Membership Roster)

INTEREST IN PARTICIPATING:

QUESTIONS / CLARIFICATIONS:

PARENT If Parent, are you a DVUSD Teacher? **Where?** _____

COMMUNITY MEMBER

BUSINESS PARTNER

If you have served, or are currently serving on another district Committee, please indicate the Committee(s).
