Children
Families
Communities
Staff

CAP, Inc.
0-5 Head Start
Gratiot, Ionia, Isabella, Montcalm (Clinton)

0-5 Head Start
Policy Council
Candidate Interest Form

Individuals that are interested in serving on Policy Council should submit a Candidate Interest Form electronically at https://form.jotform.com/202434900864049 or by scanning the QR Code provided. Individuals that wish to submit in paper format may complete and submit this form to their child's Teacher or Home Visitor, or by visiting an EightCAP County Office.

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.

_____
_____
_____
_____
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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

Approved by Policy Council on 10/25/16