ALTS PAC SELF-NOMINATING FORM

NAME:_____ PHONE:_____

ADDRESS:_____

CHILDREN IN SCHOOL:_____

_____ NO YEARS AT ALTS:_____

1. Please give a brief description of yourself. _____

2. Describe your interest in becoming a GUILD member. _____

3. Please list your past and/or present volunteer activities at ALTS. _____

4. What prompted you to enroll your child at ALTS and what aspect(s) encourages you to have your child remain?_____

5. How do you think you can make a positive impact at ALTS?_____

_____ _____

Candidate's Signature Date