



Saint John Catholic School Advisory Council

Nomination for Advisory Council Position

Name: _____

Address: _____

Phone: _____ email: _____

Statement of understanding:

I submit my name as a nominee for a seat on the St. John Catholic School Advisory Council for a two-year term, which may extend for a limit of six years.

I pledge to attend monthly board meetings and regularly contribute to the work of the board in supporting St. John Catholic School. I may/will be called to Chair one of the Committees valuable to our work. I understand that to be eligible for the appointment there is a vote by present SAC voting members. The Pastor of St. John Before the Latin Gate Roman Catholic Church must approve my nomination if I am appointed to Chair one of these three of the seven Committees: Development, Finance, or Planning

Signature: _____ Date _____

Personal Background:

Please give a brief description of your background that describes why you wish to be on the Advisory Council and what you feel you could contribute to the school by your membership. You may include information on your educational background, family, career, interests, and prior service on boards and committees. The information you provide below will be printed and distributed to council members before the appointment/election takes place.