

Learning Materials Selection Committee Application

Applicant's Name
Applicant's Address
Applicant's e-mail address

Do you have a child(ren) attending Great Falls Public Schools?	
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If so, which school(s)?

Please list all the work experiences that you think may qualify you for this committee. Include dates and locations.

Please list all personal experience that may qualify you for this position. Include dates and locations.

Are you willing to attend all meetings of the committee?	
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Are you willing to listen to all sides of the argument before forming an opinion?	
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