

MEMBER INVOLVEMENT FORM

Name:			
Home Address:			
City/State/Zip:			
<u>Personal</u> E-mail Address:		Cell Phone:	
School/Worksite:			
School/Worksite Address:			
City/State/Zip			
Other Phone(s):			
Local Association:			
Do you currently serve on a CEA committee? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, which one?	

Assignment: District Role Classroom Teacher Other _____

CEA attempts to balance all appointments according to geography, gender, experience and ethnicity.
If you would like to indicate your ethnicity, please do so:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> African American |
| <input type="checkbox"/> Caucasian (not of Hispanic origin) | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

Expertise Volunteered

CEA is frequently asked to name representatives to CDE, government and other organizations' committees or to identify volunteers to share expertise with other CEA members.

I have experience or expertise in the areas checked below and would be willing to serve as an association representative or share my expertise with other members.

- | | |
|--|--|
| <input type="checkbox"/> Charter Schools
<input type="checkbox"/> Collective Bargaining
<input type="checkbox"/> Community Partnerships
<input type="checkbox"/> Distance/Virtual Learning
<input type="checkbox"/> Fine Arts Instruction
<input type="checkbox"/> Foreign Language Instruction
<input type="checkbox"/> Gifted and Talented Programs
<input type="checkbox"/> ELL Instruction
<input type="checkbox"/> Math Instruction
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Multicultural education
<input type="checkbox"/> Physical Education/Health
<input type="checkbox"/> Political Campaigns/Lobbying
<input type="checkbox"/> Pre-Kindergarten through 3 rd grade
<input type="checkbox"/> Professional Development
<input type="checkbox"/> Psychological Services
<input type="checkbox"/> Discipline Issues
<input type="checkbox"/> Science Instruction
<input type="checkbox"/> Social Services/Guidance
<input type="checkbox"/> Social Studies Instruction | <input type="checkbox"/> Special Education/Inclusion
<input type="checkbox"/> Teacher Certification
<input type="checkbox"/> Technology
<input type="checkbox"/> Other _____

Other non-education areas of expertise or interest for possible appointment to other governmental bodies and agencies (please indicate your area of certification and grade level, if applicable):

Do you object to your phone number or e-mail being given to other CEA members who may wish to consult with you? <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

Email form to marypats@cea.org