

DISTRICT COMMITTEE APPLICATION FORM

NAME:

SCHOOL:

Current Grade/Subject Area(s):

Prev Grade(s)/Subject Area(s):

SCHOOL PHONE:

HOME PHONE:

Interested in being NDTA rep on: *(name the district committee)*

Define the major issue(s) you see facing this committee or task force and make a general statement about your approach to the issue(s).

Background: *(professional, other committee memberships, etc.)*

Teachers appointed as NDTA representatives are expected to:

- Report back to the NDTA Executive;
- Support BCTF/NDTA policies.