
DISTRICT COMMITTEE APPLICATION FORM

NAME: _____

School or Worksite: _____

Current Grade/Subject Area(s)/Job title: _____

Previous Grade(s)/Subject Area(s)/Job title: _____

Work Phone: _____

Home or Cell Phone: _____

EMAIL (Not SD68): _____

Indicate the Committee you wish to represent the NDTA on:

Education Technology Advisory Committee

Safe Schools Committee

Define the major issue(s) you see facing this committee and how you would approach this issue.

Why are you the right person to represent the NDTA on this committee?

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

Teachers appointed as NDTA representatives are expected to:

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