

## ELCC PROGRAM REVIEWER APPLICATION

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1. NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_ ZIP: \_\_\_\_\_  
TELEPHONE  
(WORK): \_\_\_\_\_ (HOME): \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. List professional organizations of which you are a member and the number of years you have been a member (i.e., AASA, NAESP, NASSP, NCPEA, and UCEA).

ORGANIZATION	YEARS
_____	_____
_____	_____
_____	_____

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### APPLICANT SURVEY INFORMATION

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To better evaluate the effects of our selection process we request that you complete this survey information. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse decision or action. Your cooperation is appreciated.

1. Please check one of the following Identification Groups:  
 American Indian/Alaskan Native    Black    Asian/Pacific Islander  
 Hispanic    White
2. Gender:                       Male                       Female
3. Date of Birth:                \_\_\_\_\_

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## ATTACHMENTS

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1. Attach a letter of interest that addresses your reasons for volunteering to perform the responsibilities of a program reviewer.
2. Attach a current resume with this form.