WASC ADVISOR INFORMATION SHEET

NAME: PHONE:

HOME ADDRESS: _____
street city zip

SCHOOL NAME: PHONE: _ _____

SCHOOL ADDRESS:
street city zip

TYPE OF SCHOOL: (CIRCLE ONE) MIDDLE JR. HIGH SENIOR HIGH SCHOOL

REGION: (CIRCLE ONE) REGION I REGION II REGION III REGION IV REGION V REGION VI

NAME OF PRINCIPAL: _____

ADVISOR MEMBERSHIP: (CIRCLE) WASC NASC YEARS AS ADVISOR: _____

PARTICIPATION IN REGIONAL EVENTS: (APPROXIMATE NUMBER OF YEARS)

JAM FALL TOUR _____
SHS FALL TOUR _____
SPRING BUSINESS MEETING _____
OTHER REGIONAL MEETINGS _____

PARTICIPATION IN WASC EVENTS: (APPROXIMATE NUMBER OF YEARS)

LEADERSHIP INSTITUTE _____
IGNITE SUMMIT _____
STATE JAM OR SHS CONFERENCE _____
STUDENT DELEGATE ASSEMBLY _____
LEADERSHIP CAMP STAFF _____

PARTICIPATION IN NASC EVENTS: (APPROXIMATE NUMBER OF YEARS)

NASC CONFERENCE _____
NATIONAL REGION 4 CONFERENCE _____
NAWD CONFERENCE _____
OTHER _____

HAS YOUR SCHOOL HOSTED A REGIONAL OR WASC EVENT? (LIST YEAR AND EVENT.)

_____

_____

WASC LEADERSHIP POSITIONS: (LIST YEARS)

REGIONAL ADVISOR/COLLABORATIVE LEADERSHIP COUNCIL MEMBER: _____
EXECUTIVE COMMITTEE: _____
OTHERS: _____

STUDENT COUNCIL ACTIVITIES:

_____ _____

_____ _____

OTHER SCHOOL ACTIVITIES:

COMMUNITY ACTIVITIES:

HONORS RECEIVED:

SIGNATURE:_____ DATE_____

PLEASE MAIL THE FORM TO executive@wasc.org or stateoffice@wasc.org. THIS INFORMATION SHEET WILL BE KEPT ON FILE. THANK YOU FOR COMPLETING THIS FORM.