Evart Public Schools

Sex Education Advisory Board Application

(Use this application to be considered for membership on the Evart Public Schools Sex Education Advisory Board)

Instructions & Role of the Advisory Board

Purpose / Role

The Sex Education Advisory Board (SEAB) will assist the district in reviewing, advising, and shaping the comprehensive sexuality education curriculum and programs in Evart Public Schools. The Board will:

- Help establish goals and objectives for student knowledge, skills, and behaviors.
- Review instructional materials, curricula, and guest speakers.
- Evaluate the impact of the program and report findings.
- Provide diverse perspectives from across the Evart community.
- Attend scheduled meetings and contribute to discussions.

Expectations / Commitments

- Attend regular SEAB meetings (2-4 per academic year).
- Prepare in advance by reviewing materials and data.
- Engage respectfully and collaboratively.
- Serve as a community representative and liaison.
- Adhere to Evart Public Schools' policies and guidelines.

Applicant Information

Full Name _____

Address _____

City / State / ZIP _____

Phone Number (Cell / Home) _____

Email Address _____

Occupation / Employer _____

Relation to Evart Schools _____

If you are a parent or guardian, please list your student(s) and grade(s):

_____

_____

Questions & Reflection

1. Why are you interested in serving on the SEAB?

_____

2. Which aspects of sex education are most important to you?

_____

3. Do you have experience or training that may benefit the SEAB?

_____

4. Do you have concerns about the district's existing sex education approach?

_____

5. Can you commit to attending 2-4 meetings per school year? (Yes / No / Maybe)

_____

6. Would you be willing to serve as Co-Chair or take additional responsibilities? (Yes / No)

_____

Agreement & Signature

By signing below, I acknowledge:
- I understand the purpose, duties, and expectations of serving on the Evart SEAB.
- If selected, my name may be publicly listed as a committee member.
- I commit to participating in meetings and contributing constructively.
- I will follow Evart Public Schools' policies and code of conduct.

Signature: _____ Date: _____

Printed Name: _____

If applicant is a student, Parent / Guardian Signature: _____

Submission Information

Please return your completed application to:

Mail or Drop-Off:
Evart Public Schools
Attn:Principal O'Dell
321 N. Hemlock St.
Evart, MI 49631

Email: Principal Jason O'Dell (odellj@evartps.org)

If selected, you will be contacted for an interview or orientation session.