



U.S. Public Health Service
**Environmental Health Officer
Professional Advisory Committee
(EHOPAC)**



***ADOPT-A-SCHOOL
ENROLLMENT FORM***

SECTION 1 - OFFICER INFORMATION

OFFICER'S NAME (Print last, first, middle initial)		SERNO	RANK/GRADE
OPDIV/AGENCY	WORK ADDRESS		
CITY	STATE	ZIPCODE	
WORK EMAIL	WORK PHONE		

PRIOR COSTEP? JRCOSTEP SRCOSTEP

SECTION 2 - INDICATE WHICH UNIVERSITY(S) YOU ARE INTERESTED IN PERFORMING RECRUITMENT-RELATED ACTIVITIES.

UNIVERSITY	CITY, STATE	PAST GRADUATE?	WITHIN COMMUTING DISTANCE?	ESTABLISHED CONTACT WITH THE PROGRAM?
		YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO

I HAVE READ THROUGH THE RAE POLICY DOCUMENT AND ACKNOWLEDGE THE EXPECTATIONS OF BEING AN ADOPT-A-SCHOOL REPRESENTATIVE:

SECTION 3 - SIGNATURE

SIGNATURE	DATE
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**After completing this form, please save this document and e-mail to
the Adopt-A-School lead.**