



Wellness Committee Membership Application

Name: _____
Address: _____ City: _____ Zip: _____
Email Address: _____
Phone: (h) _____ (w) _____ (c) _____

- If you are a parent of an LPS student, what school(s) do they attend?

Are you the LPS district PPC representative? _____ (yes or no)
My child/children eat school provided lunch _____ % of the time (0-100%)

- If you are an LPS student, what school do you attend? _____
I eat school provided lunch _____ % of the time(0-100%)

- If you are an LPS employee, what is your job title and location?

- If you are a community member, what business, organization, agency/educational institution do you represent? _____

1. Please share why you are interested in serving on this committee:

2. Please share any skills or knowledge you could bring to the committee if selected:

3. The LPS Wellness Committee currently meets from 4:30-6:00 p.m. in Room 315 of the Education Services Center, 5776 S. Crocker Street, Littleton. Will you be able to attend at least 75% of the scheduled meetings? _____