

**Please complete and return this form as soon as possible to the CFT office.**

**Building Representative Information Sheet – PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Print clearly

Non Work Email \_\_\_\_\_

School Email  
Address

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@cpsboe.k12.oh.us

T-Shirt Size \_\_\_\_\_

School Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Workday (start) \_\_\_\_\_ (end) \_\_\_\_\_

Are you affiliated with other organizations? If so, please list:

\_\_\_\_\_

Are you willing to volunteer some time to support CFT efforts? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to serve on CFT committees? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Planning Time:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_