

DOUGLASS COMMUNITY SERVICES, INC.

Board Member Demographic Information Form

(Please Print Responses)

NAME: _____

HOME ADDRESS: _____
STREET

CITY	STATE	ZIP
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HOME PHONE: _____

EMERGENCY PHONE: _____

FORMER HEAD START STUDENT: YES _____ NO _____

HEAD START PARENT, PREVIOUS OR PRESENT: YES _____ NO _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____