

Economic Security Corporation of Southwest Area Low Income Representative Pool Applicant

representing the intere understand that I wou mileage if I live outsid ESC nor do I have a re	e the Joplin metro area, a elative working for the ag	e in to attend the as long as the jency. I unde	se meetings. e Agency is a	Directors. I understand thCounty, in which I county, in which I county. I understand that I will be able to do this. I am not as I would like to be an empelative would resign their	urrently reside. I e reimbursed for n employee of bloyee of ESC or a	
Date: Time: Location:	First Thursday of each 7:00 p.m. 302 S. Joplin, Joplin, I					
contact Tammy Walke	er, (417) 781-0352 or con	tact the outre	each office in	and still want to be consi my county. <i>It is importar</i> ysical and mailing addres	nt that we be able to	
Name:						
Street Address:						
City, State and Zip:						
Mailing Address, if o	lifferent from above: _					
Telephone: (Mobile)_						
(Work) _						
	en, a Head Start Parent	yes	no			
As a child, I attended	Head Start	yes	no			
Please check all that a	apply: homeless	have been l	nomeless	renting/home ow	nership	
Signature:	gnature:			Date:		
Applicant Name:	FFICE USE ONLY					