# TEEN ADVISORY COUNCIL SHADOWING FORM ©

TAC member name: _____

Board member shadowed: _____ Phone: _____

Type (circle one): **EVANSVILLE CITY COUNCIL** **VANDERBURGH CO. COMMISSIONERS**

**EVSC SCHOOL BOARD** **POSEY CO. SCHOOL BOARD**

**WARRICK CO. SCHOOL BOARD** **OTHER:** _____

Date of event: _____ Start & end time: _____ Location: _____

_____ _____ _____ _____

Student Signature Date Board Member Signature Date

*Forms must be **completely** filled out to count toward your TAC requirements. Adult contact may NOT be a parent.*

For office use only: ENTERED ☐ Date: _____ VP/Other Initials: _____