Parent Leadership Council

Application Form



**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Zip Code |  |
| Phone |  |
| Preferred Contact Method | Call  Text  Email |
| Email |  |
| Ages of children |  |

**Community Representation**

*Please list the community or geographical area which you feel you would best be able to represent:*

**Personal information**

*Please indicate how you identify:*

|  |  |
| --- | --- |
| Age | Under 22  22-30  30-40 ☐ 40-45 ☐ 45-54 ☐ 55+ |
| Race/ethnicity | Latino  Asian  African American  Native American  White  Pacific Islander  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred language | English  Spanish  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is interpretation needed  Yes  No |
|  |  |

**Person to Notify in Case of Emergency**

**Meeting Accommodations**

|  |  |
| --- | --- |
| Emergency Contact | Name |
|  | Phone |

|  |  |
| --- | --- |
| Accommodations? | Physical  Vision  Hearing  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Allergies, dietary restrictions |  |

**Purpose**

**Why would you like to be a member of the Parent Leadership Council? What would you like to accomplish as a committee member?**

Are you interested in holding a leadership position on the PLC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Skills or Qualifications**

**Summarize the skills and qualifications you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports.**

**Agreements and Signature**

1. By submitting this application form, I affirm that the information is accurate and complete.
2. I also agree to sign a conflict-of-interest statement; fraud, waste, and abuse statement; and a non-disclosure agreement (annually).

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this form and for your interest in working with the Blue Mountain Early Learning Hub.

**Submission**

Please return this application to Lara Arriola at [larriola@umchs.org](mailto:larriola@umchs.org)

or mail it to: Blue Mountain Early Learning Hub, 2001 SW Nye, Pendleton OR 97801

**\*\*\*FOR OFFICE USE ONLY\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Date received | Date reviewed by Nominating Committee | Date Board acted | Date member notified |
|  |  |  |  |