

Please download and save copy of form to your computer. Complete form, print and sign. Scan file and email as an attachment to nominations@pccpta.org.



LETTER OF INTENT

First Name	Last name
Email	
Home Phone	Mobile Phone
Address	

If you select multiple positions, please rank them in order of preference.

I wish to be considered as a nominee for the following elected positions. (All are for a 1 year term.)		
#		President
#		Vice President of Leadership
#		Vice President of Education
#		Vice President of Advocacy
#		Vice President of Communications
#		Vice President of Organization
#		Treasurer
#		Secretary

I wish to be considered for appointment as the following committee chair(s) and or/serve on one or more of the following committees. (All appointments are for a 1 year term.)		
#		Awards
#		Banquet
#		Diversity
#		Health & Safety
#		Historian
#		Insurance
#		Legislative
#		Male Engagement
#		Media Coordinator
#		Membership
#		Programs
#		Reflections
#		Student Involvement
#		Tech Administrator

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Pinellas County Council



everychild.onevoice.

RESUME/BIO INFORMATION

You may type or paste information into each field below.

PERSONAL AND PROFESSIONAL INFORMATION

PTA INVOLVEMENT

Current service includes:

Previous service includes:

OTHER COMMUNITY INVOLVEMENT

Current service includes:

Previous service includes:

HONORS & AWARDS (Optional)

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SIGNATURE OF AGREEMENT AND SUBMISSION FORM

PTA Vision

Every child's potential is a reality.

PTA Mission

To make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

The Purposes of the PTA

- To promote the welfare of children and youth in home, school, community, and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and the school, so that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

Signature of Agreement. Your signature acknowledges that you have reviewed and agree with PTA's vision, mission, and purposes and you are currently a PTA member.

(Please check.) I have read and understand the job responsibilities for the position to which I am applying.

I am a current member of (local unit PTA/PTSA name)	PTA/PTSA Unit #
Signature	Date Signed