

Parent Leadership Council

Application Form

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Zip Code |  |
|  Phone |  |
| Email |  |
| Ages of children |  |

**Community Representation**

*Please indicate which school district you live in:*

|  |  |
| --- | --- |
|  |[ ]  Amity |
|  |[ ]  Dayton |
|  |[ ]  McMinnville |
|  |[ ]  Newberg |
|  |[ ]  Sheridan |
|  |[ ]  Willamina |
|  |[ ]  Yamhill Carlton |

**Personal information**

 *Please indicate how you identify:*

|  |  |
| --- | --- |
| Age |  [ ]  0-30 [ ]  31-60 [ ]  61+ |
| Gender  |   |
| Preferred pronouns |  [ ]  She/Her [ ]  He/Him [ ]  They/Them [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Race/ethnicity  |  [ ]  Latino/a [ ]  Asian [ ]  African American [ ]  Native American [ ]  White  [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred language | [ ]  Spanish [ ]  English [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Accommodations? |  [ ]  Physical [ ]  Vision [ ]  Hearing [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Allergies, dietary restrictions |  |

**Person to Notify in Case of Emergency**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |

**Purpose**

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

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through 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 Yamhill Community Care and our community.

**Submission**

Please return this application to Jenn Richter at jrichter@yamhillcco.org or mail to: 807 NE 3rd St., McMinnville, OR 97128

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

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