

# Valley Academy Parent Organization

## Governing Council Nominee Application

Name _____	Home Phone _____	Cell Phone _____
E-mail Address _____	What grades are your children in? _____	
Number of years at Valley Academy _____	Have you previously served on the Governing Council? Yes or No	
	If yes, when and what capacity? _____	

Why are you interested in serving on the Valley Academy Parent Organization Governing Council? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which position are you interested in?: (circle one) Committee Chairperson or Sub-Committee Chairperson

Please list the committees on which you would like to serve: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your past and/or present volunteer activities at Valley Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does commitment mean to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What strengths or contributions do you believe you can bring to the parent Governing Council? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any relevant experience in another school, job, or community activity. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If elected to the Governing Council, would you be willing to commit to a two-year term and a minimum of ten (10) hours each month to serve in the position? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: This does not include other volunteer hours in the classroom.



Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank You! It's people like you that make the difference!**