

Parent Advisory Council Application



Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Prefer phone calls at: Work Home Cell

Preferred email address: _____

Employer: _____

Position: _____

General Responsibilities: _____

Does your employer credit employee volunteer hours? Yes No

Would you like us to keep your employer abreast of your volunteer service and achievement? Yes No

Please check areas of experience that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Prior non-profit board experience | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Special Events/Conference Planning | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Youth Development Experience | <input type="checkbox"/> Other _____ |

Please tell us a little about yourself and why you would like to serve on the Parent Advisory

Council. Please feel free to attach a resume or additional information. Use the reverse side if you need more space.

***REFERENCES:** Please list three people (non relative) who know you well and can attest to your character, skills and dependability. Include your current or last employer.

	Name/Organization	Relationship to You	Phone	Length of relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please return your application to Vicki Krueger. You may email it to: vlkrueger@mnyouthsymphonies.org, or drop it off at rehearsal. Thank you.