2017 NOMINATION FORM

Stoneleigh Elementary School PTA

*All those wishing to be Nominated for a new PTA Office must complete this form.*

 *Please Print or Type. DUE AT NOON on May 5th, 2017*

**OFFICE APPLYING FOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email Address:

Are you currently a member of the PTA? (Circle or Bold**)** YES NO

**NOMINEE’S CONSENT TO SERVE AND ACCURACY VERIFICATION:**

I consent to serve in the position for which I am nominated for the 2017 -18 term. I hereby certify that the information provided in this nomination form is true, complete and accurate. I understand that misleading information or significant omissions may result in my disqualification from the election.

**(Nominee’s Signature)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this page with the attached application to Anne Blanchard, Nominating Committee Chair, 605 Murdock Rd, Baltimore MD 21212 or via email (which is preferred) to vpprograms@stoneleighpta.org

QUESTIONS? Please contact: Anne Blanchard at the email address listed above or

via phone at 443-310-7011

Candidates for offices may be interviewed at the discretion of the Nominating Committee.

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following information. If you need additional space, feel free to attach additional pages, but please make sure to place your name on any additional pages.

***PTA EXPERIENCE (if any):***

***Current PTA Position (if applicable)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***List ALL prior PTA positions you have held (if any):***

Position Years Held School Name

***PTA TRAININGS ATTENDED*** *(if any):*

**List any training(s) you have attended and the location of that training (such as leadership workshops, convention training, National PTA E-Learning, etc);**

**OTHER TRAININGS ATTENDED that might assist in the position for which you are applying:**

V**OLUNTEER/WORK EXPERIENCES APPLICABLE TO THIS POSITION**

**(if any) :**

***ANY OTHER EXPERIENCES YOU WOULD LIKE TO SHARE:***

Applicant NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***QUESTIONS ABOUT THE POSITION FOR WHICH YOU ARE INTERESTED:***

**Why are you interested in this position?**

**What do you hope to accomplish in this position?**

**What do you hope to gain from this experience?**

**How would you enlist the help of new and old volunteers?**

***TELL US ONE WAY OUR PTA COULD DO A BETTER JOB:***