



# Selection Process for Parent Membership on TCDSB Staff, Steering, Advisory or Ad Hoc Committees

## PARENT APPLICATION FORM

*Parents are requested to complete the following application form for consideration to be a member of a TCDSB Staff, Steering, Advisory or Ad Hoc committee:*

Committee Name: \_\_\_\_\_

Surname:		First Name:	
Home Phone:		Cell Phone:	
e-mail address:			
Child(ren)'s School(s):			
1. To which other TCDSB parent organizations do you presently belong: <input type="checkbox"/> CSAC <input type="checkbox"/> CPIC <input type="checkbox"/> TAPCE <input type="checkbox"/> None			
2. Briefly outline why you are interested in being a member of this committee:			
3. Please identify any personal and/or professional experiences you have related that would assist you in the role of a committee member:			
4. Would your personal and/or professional experiences place you in a Conflict of Interest* in regards being a member of this Committee: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ <div style="text-align: right;">Please Explain</div>			
5. Have you been selected to be part of a different TCDSB Committee within the past 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ <div style="text-align: right;">Please specify the Committee</div>			
6. Do you have any other comments about your participation on this committee?			

**SUBMIT**