

Community Organizing and Family Issues (COFI) Parent Policy Associates Application

Name _____

Address, City, Zip Code _____

Phone/email (if available) _____

Team/School _____

How long have you been a member of the team? _____

How long have you been a participant in the Parent Policy Committee? _____

Other leadership positions currently held: _____

1. I am interested in serving as a Parent Policy Associate because:

2. What I hope to learn/gain by being a Parent Policy Associate is:

3. The strengths, skills, and experience I bring to the Parent Policy Associate position are:

If selected, I agree to sign Participation Agreement and to devote eight to 10 hours per week to this work for a minimum of three months and commit to each of the tasks listed on the Parent Policy Associates Fact Sheet.

Signed: _____ Dated: _____