

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

Participation Agreement

On this _____ (date), I, _____ (name), agree to the guidelines for participation in COFI's Parent Policy Associates program as outlined here.

1. I verify that I am a parent leader from _____ (team or project), a COFI project, and I am committed to advancing my skills, experience, and roles as a citywide parent leader working on policy issues that affect families.

I also verify that I have been through the COFI *Phase One* and *Phase Two* training in my local community (or will attend the training this quarter), that I am a member of the Parent Policy Committee, and I am committed to the vision and values of this group.

2. I am committed to working eight to 10 hours per week for three months: **February 16-May 15**

3. I understand that my work tasks and activities will include:

- attending weekly strategy planning meetings and policy organizing trainings
- organizing and/or attending at least two meetings per month with public officials or advocates
- attending monthly Parent Policy Committee meetings and serving as a core leader – chairing meetings, providing testimony or speaking parts at larger meetings, being part of a “floor team,” etc.
- serving as the liaison to my local team – keeping parent team members up-to-date and trained on the concepts and strategies of policy organizing, recruiting new members to the Parent Policy Committee, and helping to strengthen the team
- attend COFI policy training (April 9) and Family Lobby Day (April 17)
- write weekly report and reflections, and do assigned reading

4. I understand that I am responsible for getting myself to all meetings/trainings and arranging for child-care for my children when needed.

5. I understand that I will receive **\$500 per month as a stipend to cover expenses and time**. The expenses covered in the stipend include, but are not limited to, childcare (during the day), travel to and from COFI's office, and home phone costs.

I understand that, as a part-time, temporary participant in this COFI program, that my stipend will be paid twice monthly through COFI's payroll system and that federal, state, county, local, and social security taxes, as appropriate, will be deducted from this stipend. Also, COFI will pay for Worker's Compensation and Unemployment Insurance, but I do not qualify for other employee benefits or paid time off.

I understand that this agreement does not create a contract of employment between myself and COFI, and may be amended by COFI at any time with notice to me. Participation in the program may be terminated by either the participant or COFI at any time for any reason.

6. In addition to the stipend, I understand that COFI **will directly** reimburse:
- parking, transit, taxis, or mileage to meetings with policymakers/advocates that are held outside of COFI's office
 - training or meeting expenses – such as refreshments (with prior approval)
 - the costs of meals, housing, and overnight childcare related to trainings or meetings held out of town

These reimbursements will be paid weekly upon the submission of a **Parent Leader Expense** reimbursement form.

7. Finally, I understand that my participation in the Parent Policy Associates program will be reviewed monthly and that my continued participation in this program depends in part on meeting the expectations of the PPAs (listed above). There will be an opportunity to extend this contract that will be dependent upon the achievement of the individual as well as the funding and success of the program overall.

My signature represents agreement to the guidelines for participation as listed above:

Signed: _____ Date: _____
Parent Policy Associate

Approved: _____ Date: _____
Executive Director