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**CALIFORNIA STATE PTA BOARD OF MANAGERS
STUDENT BOARD MEMBER APPLICATION
DEADLINE: MARCH 15**

The fillable, online version of this form is at:

http://castatepta.formstack.com/forms/v2_studentboardmemberapplication

Please type or print legibly

NAME: _____ **BIRTH DATE:** _____
month/date/year

HOME TELEPHONE: (_____) _____ **CELL TELEPHONE:** (_____) _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

E-MAIL ADDRESS: _____

NAME OF PARENT/GUARDIAN: _____

MEMBER OF: _____ **DISTRICT PTA #:** _____
PTA/PTSA

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

LIST CLASSES YOU EXPECT TO ENROLL IN DURING THE 20____/20____ SCHOOL YEAR:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PLEASE USE A SEPARATE SHEET OF PAPER TO ANSWER QUESTIONS 1 – 4. (LIMIT TWO PAGES)

1. List your extracurricular activities and why these activities are of interest to you.
2. If employed, describe your employment (include number of work hours per week).
3. Explain your participation in PTA/PTSA and how it has been beneficial to you.

4. Explain your reasons for wanting to serve on the California State PTA Board of Managers and what you believe you will bring to the California State PTA.

The California State PTA Board of Managers usually meets four to five times a year. Due to hotel and conference availability, the days of the week may vary.

I CERTIFY THAT:

INITIALS:

I will be entering my junior (11) or senior (12) year of high school when the term begins on July 1.

I will be able to attend meetings of the California State PTA board of managers/convention.

I have been authorized release time from my school principal and/or school district should I receive the appointed position.

I have been interviewed and have reviewed my application/letters of recommendation with my District PTA president.

SIGNATURE OF STUDENT

DATE SIGNED

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE

DATE SIGNED

RETURN THE FOLLOWING DOCUMENTS:

1. Completed application form
2. Response to Questions 1 – 4 on page 1 (limit two pages)
3. Letters of recommendation from the following individuals:
 - a. A counselor, school administrator or teacher with knowledge of your involvement, abilities and achievements at school;
 - b. The PTA/PTSA unit president where you are a member;
 - c. An individual with knowledge of your abilities and achievements in the business community, volunteer involvement or religious affiliation activities.
4. Letter from your school principal or school district, if in high school, authorizing release time from your classes and school assignments should you receive the appointment.

MAIL COMPLETED APPLICATION/ALL REQUIRED DOCUMENTS TO:

President
California State PTA
2327 L Street
Sacramento, CA 95816-5014

ALL REQUIRED DOCUMENTS MUST BE RECEIVED IN THE CALIFORNIA STATE PTA OFFICE
BY NO LATER THAN MARCH 15 IN ORDER TO BE CONSIDERED

NO FACSIMILES WILL BE ACCEPTED.