



Tennessee PTA Executive Committee Interest Form

Name: _____ Phone Number(s): _____

Address: _____ Email: _____

Current Positions held at local, council, and state level(s) _____

Positions for which I feel I am qualified and why _____

Other positions held at state level/ years and/or state in which that the position was held:

List current and previous work experience including years worked (include any non-PTA volunteer experience if applicable):

List all PTA Committee experience (note any committees chaired; include years if possible): _____

List Leadership Training attended (volunteer or professional; include years if possible): _____

Tennessee PTA Executive Committee Interest Form (continued)

Do you feel comfortable with public speaking? Please explain. Have you presented a workshop(s) in the past? If so, how would you rate yourself as a presenter?

Serving on the Executive Committee requires attendance at all BOM meetings and throughout the administration it may be necessary to have Executive Committee meetings in addition to the regular meetings. Are you willing to attend these meetings and be an active participant? (Remember the following are regularly scheduled meetings- July – Summer Board, November – Fall Board, and April – Convention (a five day commitment for Tennessee PTA Board of Managers), Summer Leadership Training (a commitment of 7+ days) and 4 Legislative Days between February and March.

What is your level of commitment in other organizations? Do you feel you can commit to the time required to fulfill your Executive Committee responsibilities?

What do you feel you can offer Tennessee PTA Executive Committee? Where do you see Tennessee PTA in five years and how can you help us get there?

Please check those that apply:

- I have read and understand the job description for the position in which I am interested.
- I am able to attend scheduled meetings of the Tennessee PTA Board of Managers.
- I have access to email and understand that communication via email is required.
- If selected as a nominee, I consent to have information from this form reprinted for distribution.

Signature of Nominee _____ Date _____

I understand that my qualifications may be verified through local PTA and/or school personnel.

For local units and/or Council recommendations:

Recommended by _____ Position _____

Address: _____ Telephone _____

Name of your PTA _____ Region _____

Why do you think this nominee deserves consideration as a candidate for the Tennessee PTA Board of Managers? Please be specific: _____

**Please return this application in an envelope marked "Confidential" to:
Tennessee PTA, 1905 Acklen Avenue, Nashville, TN 37212**