



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

## PARENT/COMMUNITY MEMBER APPLICATION FORM

*Individuals 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: \_\_\_\_\_

Application  
Position:

Parent Representative  
 Alumni

Community Representative  
 Board Representative

Surname:		First Name:	
Home Phone:		Cell Phone:	
E-mail address:			
Child(ren)'s School(s):			
<p>1. To which other TCDSB parent organizations do you presently belong:</p> <p><input type="checkbox"/> CSPC            <input type="checkbox"/> CPIC            <input type="checkbox"/> Toronto OAPCE            <input type="checkbox"/> None</p>			
<p>2. List the community organizations/groups in which you are currently a member and provide a brief outline of your role within each of these organizations.</p>			
<p>3. Briefly outline the reasons why you are interested in being a member of this committee:</p>			



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

<p>4. Would your personal and/or professional experiences place you in a Conflict of Interest* in regards to being a member of this Committee:</p> <p><input type="checkbox"/> NO                      <input type="checkbox"/> YES</p> <hr/> <p style="text-align: center;">Please Explain</p>
<p>5. Have you been selected to be part of another TCDSB Committee within the past 12 months?</p> <p><input type="checkbox"/> NO                      <input type="checkbox"/> YES</p> <hr/> <p style="text-align: center;">Please specify the Committee</p>
<p>6. Provide any additional comments to be considered in regards to your participation on this committee.</p>
<p>7. Do you support the Catholic Mission/Vision of TCDSB? How?</p>