



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 Community Representative

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



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<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?</p>