

**Illinois PTA
LETTER OF INTEREST**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: () _____ Home: () _____
I can be contacted at work

Cell Phone: () _____ E-mail: _____

I wish to be considered for the following elected position(s):
(You may list multiple positions on one form or fill out a separate form for each position.)

Officers

- President-elect*** (2-year term) – 2013—2015
- Secretary** (2-year term) – 2013--2015
- Treasurer** (2-year term) – 2013--2015
- Vice President Field Operations** (2-year term) – 2013--2015
- Vice President Program Services** (2-year term) – 2013--2015

Board of Directors Voting Positions

- Leadership Development Director** (2-year term) – 2013--2015
- Legislative Advocacy Director** (2-year term) – 2012--2014
- Membership/Marketing Director** (2-year term) – 2012--2014

Board of Directors Non-Voting Positions

- Bulletin Editor** (2-year term)—2012--2014
- Cultural Arts Director** (2-year term) 2012--2014
- Education Issues Director** (2-year term)—2013--2015
- Environmental Concerns Director** (2-year term)—2013--2015
- Health Director** (2-year term)—2013--2015
- Juvenile Protection/Safety Director** (2-year term)—2013--2015
- Parental Engagement Director** (2-year term)—2013--2015
- Resolutions Director** (2-year term)—2013--2015
- Scholarship Director** (2-year term) – 2013--2015
- Technology Director** (2-year term) – 2013--2015

Board Development and Nominating Committee

- Board of Directors Representative** (2-year term) – 2012--2014
- General Membership Representative** (2-year term) – 2012--2014

State Board Committee

- Specify _____ (Note: Appointments are made by the president)

***To be eligible for nomination or election as president-elect, an individual must have served on the state board of directors.**

PROFESSIONAL/PERSONAL REFERENCES SHEET

Your Name:

List three (3) references, other than members of the Board Development and Nominating Committee, who may be contacted regarding your qualifications, skills, and attributes. References may or may not be contacted. Additional references may also be contacted.

1. Name:
 Address:
 City: State: Zip:
 E-mail: Daytime Telephone: ()
 Relationship: Evening Telephone: ()

2. Name:
 Address:
 City: State: Zip:
 E-mail: Daytime Telephone: ()
 Relationship: Evening Telephone: ()

3. Name:
 Address:
 City: State: Zip:
 E-mail: Daytime Telephone: ()
 Relationship: Evening Telephone: ()

Submit the following materials:

- Letter of Interest form
- Professional/Personal Reference Sheet
- Signature of Agreement & Submission form
- Resume or bio on one side of an 8-1/2 x 11 sheet of paper (single-spaced) submitted in no smaller than 12-point type.
- Photo (Optional)
- One (1) page narrative sharing your reasons for wishing to be considered for the position(s) you have indicated, as well as the skills and expertise you would bring. Be sure to include your PTA experience and positions that you have held. Narrative must be on one side of an 8-1/2 x 11 sheet of paper (single-spaced) in no smaller than 12-point type.

Include skills and expertise that you would bring to the Illinois PTA such as:

Administration/Management	Policy/Bylaws	Legislative
Facilitation	PR/Marketing/Media	Human Resources
Financial	Public Speaking	Training
Fundraising	Strategic Planning	Technology

All documents must be submitted by mail or email.

Mail to: Board Development and Nominating Committee Chairman
 Illinois PTA
 P.O. Box 907
 Springfield, Illinois 62705-0907

E-Mail to:
BDNCchairman@illinoispta.org

SIGNATURE OF AGREEMENT & SUBMISSION FORM

Your Name:

The Mission of the PTA

"To make every child's potential a reality by engaging and empowering families and communities to advocate for all children."

The Purposes of the PTA

- To promote the welfare of the children and youth in home, school, community, and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

Signature of Agreement—your signature acknowledges you have reviewed and agree with PTA's mission and purposes and you are currently a PTA member.

I am a member of

Local Unit PTA/PTSA Unit

City:

State:

Signature:

Date Signed:

Submission Form Checklist

Required Documents:

Letter of Interest Form

Professional/Personal References Sheet

Signature of Agreement & Submission Form

Resume or bio on one side of an 8-1/2 x 11 sheet of paper (single-spaced) submitted in no smaller than 12 point type

One (1) page narrative sharing your reasons for wishing to be considered for the position(s) you have indicated, as well as the skills and expertise you would bring. Narrative must be on one side of an 8-1/2 x 11 sheet of paper (single-spaced) in no smaller than 12-point type.

Optional (check if enclosed):

Photo

Be sure to sign this form. **All documents must be submitted by mail or email.**

Illinois PTA will acknowledge receipt of all Letters of Interest.