****

**2018-19 Parent Mentor Partnership**

**Leadership Council Application**

**Name:** Click here to enter text.

**School System:** Click here to enter text.

**Address:** Click here to enter text.

**Work Phone:** Click here to enter text. **Cell/Home:** Click here to enter text.

**Email Address:** Click here to enter text.

**Open Council Positions:**

(please mark the position you are applying for)

**Vice Chairperson  Northeast Region Rep**

**Metro Region Rep  Southwest Region Rep**

**Middle Region Rep**

**I would like to be considered for a future leadership position:** Click here to enter text.

**Have you held positions of leadership in the past? Yes No**

**If yes, list here:** Click here to enter text.

**Have you worked with PMP Leadership Council or served on a committee?**

**Yes No**

**If yes, tell us about it here:** Click here to enter text.

**When and where do you prefer to be contacted?** Click here to enter text.

**Please return to Council Chair-Elect Amy McCollum by Friday, April 29, 2016 at** [amccollum@oconeeschools.org](mailto:amccollum@oconeeschools.org)

**\****Regular attendance at Region meetings and timely submission of required reports are prerequisites for consideration. Any appointment to PMP Leadership Council must be approved by your district’s Special Education Administrator.*