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**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

**\****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.*