

<p style="text-align: center;"><b>COMMITTEE CHAIR INTEREST FORM</b> <b>PTA COUNCIL OF BALTIMORE COUNTY, INC.</b></p>
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**COMMITTEE POSITION APPLYING FOR:** \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please list all current local PTA(s) you are a member of:**

\_\_\_\_\_

**Recommended by the following (either one):**

**PTA COUNCIL BOARD OF DIRECTORS MEMBER:** \_\_\_\_\_

**LOCAL PTA/PTSA PRESIDENT (Name, School):** \_\_\_\_\_

**APPLICANT'S CONSENT TO SERVE AND ACCURACY VERIFICATION:**

I hereby certify that the information provided on this form submitted by me in connection with my effort to chair a PTA Council of Baltimore County committee is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may result in my not being allowed to serve as committee chair.

\_\_\_\_\_  
(Signature)

**SCAN AND EMAIL THIS FORM TO:** [president@bcptacouncil.org](mailto:president@bcptacouncil.org)

**Current PTA position and local unit name:**

\_\_\_\_\_

**Prior PTA positions held, including local unit name, position, years of service:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PTA TRAINING (PTA Council workshops, Free State PTA Convention/training, National PTA E-Learning, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**Other volunteering or work experience:** \_\_\_\_\_

\_\_\_\_\_