**Parents in Partnership Board Application**

Please email completed application to: election.PIP@gmail.com

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

**Grade level of children at Imagine**: Click here to enter text.

**Position of Interest**: Click here to enter text.

**Experience as Parent Organization Volunteer**: Click here to enter text.

**3 References**: (name, phone number, and email please)

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| **Name:** | **Phone Number:** | **Email address:** |
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**What is your vision of this organization?**

**Why do you want to be part of this organization?**

*Submission of this completed application establishes the applicant’s consent to have it posted on the Parents in Partnership website in the form it was submitted.*