

## **PEATC Board of Directors Application**

Name:	Email:
Address:	
Home phone:	Cell phone:
Employer:	
•	ProfessionalPerson with a Disability
Other (please explain): How do you classify your race/ethnicity? (Check	
Asian	Caucasian
American Indian/Alaska Native	Latino/Hispanic
Black/African American	Pacific Islander
Other:	
What languages do you speak?English	
Spanish	
Other(s):	
Which of the following groups do you have experBusiness	ience working with?Community
Education	Government
University	Health
Disability or Advocacy Organization:	
Other:	

**Please answer the following questions.**Please explain why you are interested in serving on the PEATC Board of Directors.



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What skills and resour	ces do you think you could	I bring to the PEATC Board?
Do you have any previ	ous board experience? If yo	ou are currently serving on any Boards, please list them.
What committees or ta served.	ask forces have you served	on? For each committee/task force, indicate the capacity in which you
YesNoNot sure  Are you willing to con		ngful amount to the Parent Educational Advocacy Training Center, PEATO
-	No	help the organization raise funds?Unsure
	ct PEATC with other poten	ntial donors?
-	_	Unsure
Do you have relationshi	ps with individuals and org	ganizations that could be helpful to PEATC in other ways?
Please attach your resur	me to this application and fa	ax, mail, or email to:
	Parent Education 403 Holiday Communication, VA Board@peater Fax: 800-69	A 20186 tc.org
Questions: Please call T	Γammy Burns, Executive D	Director, 703-923-0010