

Parent Leadership Program 2019 - Application



Please send completed application to Parent Network of WNY, 1000 Main Street, Buffalo NY 14202

Application Deadline: February 10, 2019

For more information call 716-332-4170 or info@parentnetworkwny.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

The area where I live is: (please circle one) Urban Suburban Rural

Are there any special accommodations necessary for you to participate? No Yes

If yes, please specify (e.g. accessibility, interpreter, transportation, etc.)

Please confirm your commitment to the Parent Leadership Program by initialing each of the expectations on the space provided and signing the form where indicated.

I agree to attend a minimum of two of the in-person sessions scheduled
March 2, April 6, May 4 or June 1

Initial

I agree to complete the additional required independent
learning opportunities totalling 8 hours

I will participate in the evaluation process by completing the evaluation
forms and giving feedback

I understand that excused absences must be approved
by the Parent Leader Program Coordinator.

I will maintain confidentiality for families to whom I provide advocacy assistance

I agree to be in contact with Parent Network on a quarterly basis

Your signature (required)

Date

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Questionnaire

Name: _____

Parent Group or Organization: _____ Role: _____

Please fill out the following questionnaire. The information provided will help Parent Network of WNY select participants.

Why are you interested in the Parent Leadership Program? _____

What skills/knowledge do you bring to the program? _____

What skills/knowledge do you hope to gain from the program? _____

Have you participated in any groups (parent groups, committees, etc)?

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Parent Leadership Program
Parent Network WNY
1000 Main Street
Buffalo, NY 14202

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