

GLCAP Early Childhood Development Programs
Policy Council Member Opportunity Information

Name: _____ Center: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Policy Council Member: (please check one): ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ 5th Year

Policy Council Positions

Check all of the following elected Policy Council Officer positions in which you have an interest.

- ☐ President
- ☐ Vice President
- ☐ Secretary
- ☐ Treasurer
- ☐ Executive Committee

Check all of the following Policy Council Standing Committees in which you have an interest.

- ☐ By-Laws Committee
- ☐ Early Childhood Development and Health Services Committee

Check the best time of day to attend meetings: _____ morning _____ afternoon _____ evening

Check the best day of week to attend meetings: ____ Mon ____ Tue ____ Wed ____ Thu ____ Fri

Ohio Head Start Association, Inc. (OHSAL) Representatives

A Delegate must be a current parent. They will represent GLCAP at state meetings for two days during each month of February, April, October, and December and five days in June. All travel cost are provided by GLCAP.

☐ I am interested in serving as a Parent Delegate to the Ohio Head Start Association, Inc. (OHSAL)

Please complete the sections on the back of this document.

I bring these skills, qualification, education, experience and interest to the indicated positions.

Have you served as an officer with any group (high school, PTA, church, etc.) If so, what?

Why do you believe volunteering is important to you, your child, and the GLCAP Early Childhood Program?

I accept the right and responsibilities of each position in which I indicated interest.

SignatureDate