

**PERSONNEL FORM FOR RECOMMENDING STUDENTS FOR BOARD OF MANAGERS**

Use this form when recommending students whom you consider qualified to serve as members of the Board of Managers of the Indiana PTA. The information on this form will be studied by the Nominating Committee. Students must be at least a High School Junior.

1. Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Address \_\_\_\_\_ Zip \_\_\_\_\_

3. Interested in the following issues:  
\_\_\_\_\_  
\_\_\_\_\_

4. Member of what local PTSA unit \_\_\_\_\_ County \_\_\_\_\_

5. Grade level at present time \_\_\_\_\_

6. Extra curricular activities \_\_\_\_\_  
\_\_\_\_\_

7. Family \_\_\_\_\_

8. Qualifications:

a. PTA experience \_\_\_\_\_

b. Speaking ability \_\_\_\_\_

c. Availability to attend all required meetings \_\_\_\_\_

d. Participation in other groups, clubs, organizations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Special interests or talents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(over please)**

9. Describe how student relates with his/her peers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Willingness to serve has been expressed. Yes \_\_\_\_\_ No \_\_\_\_\_

11. Parent consent (parent signature) \_\_\_\_\_

12. We think this person deserves consideration as a member of the Board of Managers because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Recommended by \_\_\_\_\_ PTA Position \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of your PTA/PTSA \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_