



Prevent Child Abuse
Minnesota



CIRCLE of PARENTS®
Sharing Ideas. Sharing Support.

PARENT LEADERSHIP TEAM NOMINATION/APPLICATION FORM

Membership:

Members for the Parent Leadership Team (PLT) are recruited from parent chapters throughout the state. Parent members must be a part of a Circle of Parents® chapter when elected to the PLT. At least 50% of the Parent Leadership Team will be made up of participants currently enrolled in a Circle of Parents® group. Alumni will serve as mentors to new members.

Total numbers should reflect at least one representative from each region of the state.

The Chair or Co-Chairs of the Parent Leadership Team are selected by the Team and serve on the PCAMN board of directors. Up to three non-PLT members of the Prevent Child Abuse Minnesota (PCAMN) Board of Directors may choose to serve on PLT as their committee assignment.

Terms:

Terms are one year renewable annually for up to six years, with one year off before serving again. A member need not be part of a Circle group throughout their participation on PLT.

Overall Responsibility:

To represent and express issues and needs of parents and the community to the staff and Board of Directors

Specific Responsibilities:

- Organize and meet at least quarterly as a statewide entity with an agenda and structure.
- Participate in statewide and regional conferences and the annual Board, staff and PLT retreat.
- Advise PCAMN staff on programs and other facets of operations and planning as requested.
- Suggest and participate in developing new programs or program improvements that meet the needs of parents and children.
- Review the results of annual parent surveys and evaluation of programs and make recommendations to the Board of Directors and staff based on their analysis.
- Provide representatives to the Board of Directors and national affiliations.
- Participate in the re-charting process for state wide chapters.
- Provide input into the hiring process of PCAMN staff.

APPLICATION PROCESS

You may nominate a parent in a group or yourself as an applicant to the Parent Leadership Team. The person nominated should complete the attached application form.

Submit Completed Application to: Prevent Child Abuse Minnesota
Circle of Parents® – Attention: Roxy Foster
1821 University Avenue, Suite 202 South
Saint Paul, Minnesota 55104
Fax: (651) 523-0380



Prevent Child Abuse
Minnesota



CIRCLE of PARENTS®
Sharing Ideas. Sharing Support.

PARENT LEADERSHIP TEAM NOMINATION/APPLICATION FORM

Contact information for yourself	Reference information (required)
Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Daytime #: _____	Daytime #: _____
Evening #: _____	Evening #: _____
When is the best time to call? <input type="checkbox"/> Day <input type="checkbox"/> Eve	When is the best time to call? <input type="checkbox"/> Day <input type="checkbox"/> Eve

1. What is your relationship to the person who nominated you/ your reference person?
2. Do you attend a Circle of Parents® group? Which one?
3. When did you become involved with the Circle of Parents® group in your community (month and year)?
4. Are you currently identified as a Parent Group Leader in your local group? Yes No
5. How many children do you have, and what are their ages?
6. Would you be willing to share your story to empower other parents & demonstrate the value of participating in a Circle of Parents® support group? Yes No

On a separate sheet of paper, please answer the following questions:

7. Please tell us how your experience with a Circle of Parents® group and/or Prevent Child Abuse Minnesota has made a difference for you and your family.
8. Why do you want to become a member of the Parent Leadership Team?
9. How will you use your experience, skills, and strengths to contribute to the Parent Leadership Team?
10. What do you hope to gain from your participation on the Parent Leadership Team?