



# NCPTA Board of Directors Letter of Interest

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Member of \_\_\_\_\_ PTA \_\_\_\_\_ County

### PTA Experience

**Local** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Council/District** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**State** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Community or other Activities

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Special skills/talents

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**What do you think the goals of NCPTA should be? How could you help achieve these goals?**

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**Why do you wish to serve on the NCPTA Board of Directors?**

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**Position of Interest:**

- |                          |  |
|--------------------------|--|
| _____ **President-Elect  | _____ Board Leadership Commission          |
| _____ **VP-Leadership    | _____ Education Commission                 |
|                          | _____ Exceptional Children Commission      |
| _____ **VP-Leg. Activity | _____ Health and Welfare Commission        |
| _____ **Secretary        | _____ Local Unit Support Commission        |
| _____ **Treasurer        | _____ Membership Commission                |
|                          | _____ Parent & Community Invol. Commission |

\*\*Only a member of a local PTA who has served for at least two years as a member of the Board of Directors of the North Carolina PTA shall be eligible to be an officer in the North Carolina PTA.

**Recommendation:**

Recommended by: \_\_\_\_\_  
Phone no. \_\_\_\_\_  
Email \_\_\_\_\_  
PTA Position \_\_\_\_\_  
Signature \_\_\_\_\_

**Why do you recommend this person?**

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If elected, I will be willing to devote time to attend all sessions of the Board of Directors and assigned committee meetings, to travel on speaking and service assignments to units and to attend and participate in Leadership Training and State Convention. I agree with the PTA Mission and Values. I will accept and sign the Code of Ethics of NCPTA.

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Signature

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Date

**Return completed form to:**  
NCPTA, 3501 Glenwood Avenue, Raleigh, NC 27612  
E-mail: [office@ncpta.org](mailto:office@ncpta.org)

## PROFESSIONAL/PERSONAL REFERENCES

List three (3) references who are available and may be contacted regarding your qualifications, skills, and attributes, as well as your capacity to serve in the position(s) for which you have applied. Additional references may be included. Whenever possible, include both an e-mail address and preferred telephone numbers to aid in scheduling interviews. Please do not list more than one current NCPTA Board member as a reference. References may or may not be contacted.

### REFERENCE 1: Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

### REFERENCE 2: Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

### REFERENCE 3: Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

## SIGNATURE OF AGREEMENT AND SUBMISSION FORM

### PTA Vision

Making every child's potential a reality.

### NCPTA Mission Statement

**NCPTA is North Carolina's oldest and largest organization advocating for the education, health, safety, and success of all children and youth while building strong families and communities.**

### PTA Values

- **Collaboration:** We work in partnership with a wide array of individuals and organizations to accomplish our agreed-upon goals.
- **Commitment:** We are dedicated to promoting children's health, well-being, and educational success through strong parent, family, and community involvement.
- **Accountability:** We acknowledge our obligations. We deliver on our promises.
- **Respect:** We value our colleagues and ourselves. We expect the same high quality of effort and thought from ourselves as we do from others.
- **Inclusivity:** We invite the stranger and welcome the newcomer. We value and seek input from as wide a spectrum of viewpoints and experiences as possible.
- **Integrity:** We act consistently with our beliefs. When we err, we acknowledge the mistake and seek to make amends.

### PTA Strategic Initiatives

1. We will increase and retain our membership.
2. We will value and be inclusive of our diversity.
3. We will identify, develop, and affirm our present and future leadership.
4. We will create and sustain long-term financial viability.
5. We will implement improved organizational effectiveness.

### The Purposes of the PTA

- To promote the welfare of children and youth in home, school, community, and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and the school, so that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

**Signature of Agreement.** Your signature acknowledges that you have reviewed and agree with PTA's vision, mission, values, strategic initiatives, and purposes and you are currently a PTA member.

I am a member of (local unit name) \_\_\_\_\_

PTA/PTSA Unit # \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Submission Form Checklist

### Required Documents

- Letter of Interest form
- Professional/Personal References form
- Signature of Agreement and Submission form

**Please be sure to sign the signature of agreement and submission form.**

All materials must be returned to the State PTA Office by mail, fax, or e-mail. You will receive confirmation of receipt of the materials.

**Mail to** NCPTA  
3501 Glenwood Avenue  
Raleigh, NC 27612

**E-mail to** [office@ncpta.org](mailto:office@ncpta.org)

**Fax to** (919) 787-0569