



MANITOBA ASSOCIATION OF PARENT COUNCILS
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Volunteer Parent Advocate Application Form

*Acceptance or rejection of an application is based on the requirements for the position.
These requirements include specific skills and character traits.*

Personal Information (please print)

Name: _____
Mailing Address: _____
Phone: _____
Email: _____

Qualifications and Experience

Advocates must have good communication and problem solving skills.

Please provide information on work, personal experience, education, or training which demonstrates your suitability as a volunteer advocate. Include your involvement within your school community. Use the back of this form, if required.

Motivation

Why are you seeking a position as a volunteer parent advocate? Please be as specific as possible.

References

Please provide three references. *No family members please.*

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____

- I know of no reason I should not be put in a position of trust as an advocate.
- I understand that if any information in the application or interview is found to be untrue or incomplete, my application may be rejected or I may be dismissed as a volunteer parent advocate.
- I give authorization to the Advocacy Project Coordinators to contact my references as well as verify information provided in this application form or during an interview.

Signature: _____ Date: _____