



Manitoba Association of Parent Councils

Provincial Board of Directors

# Application Package 2019

**DEADLINE FOR  
APPLICATION IS  
FEBRUARY 25, 2019!**

Please complete all sections of this application.

## THE PROCESS

1. Each applicant must verify that they are a MAPC member in good standing.
2. Complete the application and ensure you include endorsing signatures.
3. Applications are processed and verified by the MAPC office
4. A telephone interview is conducted between the MAPC Applications Chair and applicant
  - *A second interview may be conducted to clarify any additional information*
5. Recommendations are presented to the MAPC Board of Directors
6. MAPC Board of Directors determines the acceptance or denial of each applicant, based on current MAPC Policy ([view MAPC By-laws and Constitution here](#))

***Any false statement or misrepresentation will constitute grounds for refusal of the application***

## YOUR APPLICATION

There are **two types** of MAPC Director Positions. Please check one.

- I am applying as a **Parent Advisory Council Endorsed Director**– *I am currently active on a Parent Advisory Council that is a MAPC member in good standing.*
- I am applying as an **Independent Director**– *I am currently active in my school community and an individual MAPC member in good standing.*

APPLICANT'S NAME

SCHOOL NAME

ADDRESS

MAPC MEMBER SCHOOL PAC NAME

*(Leave blank if applying for Independent)*

PHONE NUMBER

SCHOOL DIVISION

EMAIL

**Please check off the following that applies:**

- I currently have children/grandchildren/foster children attending school in Manitoba.
- I am actively involved in my school community.

Questions? Call the MAPC office at 204-956-1770 (Toll free 877-290-4702) or email [info@mapc.mb.ca](mailto:info@mapc.mb.ca).

**EACH APPLICATION MUST INCLUDE A BRIEF DESCRIPTION OF THE FOLLOWING POINTS. Please use the space below and attach an additional sheet of paper if necessary:**

- Your Parent Advisory Council experience and/or school volunteer experience.
- Your experience(s) and understanding of MAPC including what inspired you to apply as a MAPC director.
- The skills and experience you have that would be beneficial to MAPC. (e.g. Organizational skills, financial expertise, public speaking, etc.)
- What you find most interesting about parental involvement in schools.
- Other board governance experience you may have.
- The experiences you hope to gain by volunteering as a Director with MAPC.
- Any other information you would like to share.

Click here to enter text.

**YOUR ENDORSEMENTS**

**FIRST ENDORSER NAME** *(Please print)*

VOTING POSITION *(For PAC Endorsed applications)*

PARENT ADVISORY COUNCIL **OR** ORGANIZATION NAME

SCHOOL AND / OR DIVISION

YOUR ADDRESS

YOUR PHONE NUMBER

YOUR EMAIL

**FOR INDEPENDENT APPLICATIONS, PLEASE STATE YOUR RELATIONSHIP TO THE APPLICANT:**

- School Principal
- MAPC Board Director
- School Division Trustee
- School Division Superintendent
- Other \_\_\_\_\_

**FOR PAC ENDORSED APPLICATIONS, PLEASE VERIFY THAT:**

- The application for this person has been discussed by the Parent Advisory Council and its executive.
- These discussion points have been included in the Parent Advisory Councils' meeting minutes.

*I am endorsing this application for the person named within to be considered for appointment to the MAPC Board of Directors. I have known the applicant for \_\_\_\_\_ years and believe them to be a person of good character that will be an excellent representative of the parental voice in Manitoba Schools.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECOND ENDORSER NAME** *(Please print)*

*Questions? Call the MAPC office at 204-956-1770 (Toll free*

**FOR INDEPENDENT APPLICATIONS, PLEASE STATE YOUR RELATIONSHIP TO THE APPLICANT:**

- School Principal
- MAPC Board Director

VOTING POSITION *(For PAC Endorsed applications)*

PARENT ADVISORY COUNCIL OR ORGANIZATION NAME

SCHOOL AND / OR DIVISION

YOUR ADDRESS

YOUR PHONE NUMBER

YOUR EMAIL

*I am endorsing this application for the person named within to be considered for appointment to the MAPC Board of Directors. I have known the applicant for \_\_\_\_\_ years and believe them to be a person of good character that will be an excellent representative of the parental voice in Manitoba Schools.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## YOUR SUBMISSION

Your application must be submitted to the MAPC office before **February 25, 2019.**

It can be mailed, scanned, or faxed to the following:

**Attention: Applications Committee**

**Manitoba Association of Parent Councils**

1005 – 401 York Ave., Winnipeg, MB R3C 0P8

Fax: 204-956-7780 Email: [info@mapc.mb.ca](mailto:info@mapc.mb.ca)