THE COLLEGE OF IDAHO PARENT COUNCIL APPLICATION

Family Information:

Name:
Relationship to Student:
Spouse/Partner Name (if applicable):
Would your spouse/partner also like to be a member of the Parent Council? ◯ Yes ◯ No
Occupation and/or Spouse/Partner's Occupation:
Mailing Address:
City: State: Zip Code:
Email:
Preferred Phone:
Alternate Phone:

Student Information:

Student 1 Full Name: Graduation Year:
Student 2 Full Name: Graduation Year:
Student 3 Full Name: Graduation Year:

General Information:

How did you hear about the Parent Council? (check all that apply)

- ☐ Parent Council member
- ☐ Email
- ☐ C of I event
- ☐ C of I staff member
- ☐ Other:

Based on information provided regarding Parent Council, what motivates you to apply for membership?

Parent Council members are seen as the chief parent volunteers for The College of Idaho. As a potential member of the Council, what impact do you hope to make on the C of I community?

Each Council member will serve on one committee. Please rank which committee you would like to serve on if selected for the Parent Council? (1 - most preferred, 3 - least preferred)

Future Yote outreach
Student career support
Parent engagement programs

Are you able to meet the basic commitments required to serve on the Parent Council?

◯ Yes ◯ No