

Torrance Council of PTAs



RECORD OF PTA VOLUNTEER SERVICE

Name _____ Date _____

Address _____ City _____ Phone _____

Current Position on: Council _____ Unit _____

PAST PTA/PTSA EXPERIENCE (check each position held):

Position	Elementary School	Middle School	High School	Council
President				
Secretary				
Treasurer				
Auditor				
Budget Chair				
Community Concerns Chairman				
Financial Secretary				
Health Chairman				
Leadership Chairman				
Legislation Chairman				
Membership Chairman				
Newsletter Chairman				
Parliamentarian				
Program Chairman				
Reflections Chairman				
Other				
Other				
Other				
Other				

Other community services: _____

Work experience: _____

Please let us know what positions you prefer to hold at Torrance Council of PTAs and what positions you prefer NOT to hold; also include information about other volunteer interests:
