PARENT ADVISORY COUNCIL application
PARENT ADVISORY COUNCIL VOLUNTEER

Role

The Parent Advisory Council consists of six to eight parent volunteers who serve as advocates and ambassadors for all parents and family members of undergraduate students at Indiana State University. Parent Advisory Council members seek feedback from other parents and families and encourage parental and family involvement with the University.

Mission

Members of the council serve as ambassadors for Indiana State University with the parent and families of undergraduate students. Council members provide feedback on issues of interest to the University’s Parents Programs. Members are encouraged to share their personal experiences so Indiana State can constantly improve the parent and family experience for all members of the ISU community.

Expectations

Parent Advisory Council volunteers:

• Meet three times a year to discuss issues and learn more about University developments affecting students, parents, and families.

• Assist in planning programs and events to involve parents and families in University life.

• Serve as hosts for parents during Scholarship Interview Weekend, Experience ISU, and New Student Orientation programs.

• Serve as volunteers during Move-In and Family Day.

Parent Advisory Council volunteers are encouraged to also work as admission volunteers in their home communities by making follow-up phone calls to incoming students and families or as Career Center volunteers by steering potential employers to help provide ISU students with internships, summer and full-time employment, and career advice.

Council members are encouraged to reach out and connect with Indiana State parents through campus activities and involvement in their home communities.

Tenure

Parent Advisory Council volunteers will be assigned one, two, and three-year terms based on interest and availability.
PARENT ADVISORY COUNCIL APPLICATION

Return the completed application via fax to 812-237-7782 or postal mail to:
   Paula Meyer
   Office of Communications and Marketing
   Indiana State University
   Terre Haute, Indiana 47809

Contact Information

Parent name ________________________________________________________________

Spouse/partner name ________________________________________________________

Is your spouse/partner also applying to be a member of the Parent Advisory Council?
   ☐ Yes  ☐ No

Address ________________________________________________________________

City, state, zip _____________________________________________________________

Home phone (_____ ) ____________________________  Work phone (_____ ) __________

Mobile phone (_____ ) ____________________________  At which phone number do you prefer to be contacted? ________

Primary e-mail address _____________________________________________________

Student Information

Student name ______________________________________________________________

Year (as of fall 2009)  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

College and program of study ______________________________________________

Anticipated graduation date  ☐ 2014  ☐ 2013  ☐ 2012  ☐ 2011

Second Student (if applicable)

Student name ______________________________________________________________

Year (as of fall 2009)  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

College and program of study ______________________________________________

Anticipated graduation date  ☐ 2014  ☐ 2013  ☐ 2012  ☐ 2011

Describe any specific skills, talents, and/or experience you possess (such as fundraising/development, event planning, writing, interpersonal communication) that would be beneficial to the council.

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