

## Parent Advisory Council Application

The CSU, Chico Parent Advisory Council is accepting Council Member applications. The following application should be completed and signed by the applicant. Resumes are welcome as attachments.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fax \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Expected Graduation Year: \_\_\_\_\_

Student's College/Major: \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/position \_\_\_\_\_

Please describe your occupation or business/professional activities:

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Please share other areas of expertise or hobbies that may be of interest/benefit to the Parent Advisory Council:

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Why do you want to participate on the Parent Advisory Council?

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Please share your past/current involvement with other volunteer/service organizations:

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How did you hear about the Parent Advisory Council?:

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Signature \_\_\_\_\_

**Please return this form to: CSU, Chico Office of Alumni and Parent Relations,  
Chico, CA 95929-0050, fax to(530) 898-4407 or email to alumni@csuchico.edu  
Thank You.**