



PARMA COUNCIL OF PTAs

HELPING HANDS NOMINATION FORM

This nominee can be any PTA member (of a unit in good standing) who is dedicated to the PTA mission and who works on behalf of the children and youth, excluding certified educators.

NOMINEE NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ / \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Nominated by: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ President: \_\_\_\_\_



We (I) nominate the person noted above for HELPING HANDS because:  
(cite specific examples including any involvement with PTA)

Please turn this form into PCPTA by January 30th. Thank you!