

Parent Council of the Freshman Parent Association

Name: _____
Last First Middle initial

Street Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Business phone: _____ Cell phone: _____

E-mail address: _____

Name of son(s)/daughter(s) attending VCU: _____

Please respond to the following questions:

1. Are you willing to review materials on parent associations from other universities?
Yes or No (circle one)

2. Are you willing to help build traditions and foster student engagement at VCU?
Yes or No (circle one)

3. Are you willing to participate in fundraising activities that will benefit VCU students?
Yes or No (circle one)

4. Which of the following committees would you be willing to serve on? (circle all that apply)

Safety	Open Houses
New Student Programs	Block Party
Learning Communities	Other _____
Fundraising	
Family Day at Fall Fest	

5. How much time would you be available to commit to the advisory council? (circle one)

Once a month
Every other month
Other: _____

Please return this form to:

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