



**TROY HIGH SCHOOL PTSA  
STUDENT LEADERSHIP GROUP  
GOALS | PURPOSE | GUIDELINES**



Troy High PTSA Student Leadership is a group that is geared toward students who are looking to make a difference at the school, in our community, and in the world, through service activities while learning to become and participate as a student leader.

**GOALS:**

- To promote the welfare of children and youth in home, school, and community.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and school, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, and social education.

**PURPOSE:**

- The purpose of the PTSA Student Leadership Group is to make a positive difference in our school and community through our philanthropic endeavors while learning and being leaders.

**GUIDELINES:**

- Applications must be filled out completely typed, including signatures, copy of most recent report card, copy of PTSA membership card, photo release, and parent's approval, student, family, and participant waiver. Turn in completed, signed applications online by scanning and emailing to [studentleaders@troypsta.com](mailto:studentleaders@troypsta.com) on or before the stated deadline. **Paper, incomplete, and late applications will not be accepted.**
- Be a dues paying member of the Troy High School PTSA. Join or renew starting July 1st each year: Pay \$10 per person plus \$1 Totem fee at <https://jointotem.com/ca/fullerton/troy-high-ptsa>.
- Will be responsible for attending meetings and PTSA sponsored activities.
- Will participate in all mandatory events. May chair an event/project.
- May attend a leadership workshop, conference, or convention.
- Must purchase a PTSA Student Leadership Group shirt and wear it to all meetings and activities.
- Must maintain a minimum **2.5 GPA** and good citizenship record in school and in the community.
- Be a positive role model and sincerely interested in making a positive difference by embracing the mission and objectives of PTSA.
- Involvement may incur personal expense.
- It is the responsibility of each member to be apprised of all current PTSA business. If a meeting is missed, please contact someone for the information. Reminder calls/emails are a courtesy.
- Misconduct and misrepresentation of PTSA Student Leadership Group is subject to termination of membership. No refunds on membership dues or shirt payment.
- Our student-based group is service oriented and requires members to be actively involved. We strive to be people of good character and develop positive leadership qualities. We encourage each member to be a vital part of our meetings and activities.
- Qualifications for President's Volunteer Service Award (PVSA) issued through Troy PTSA: Attend at least **5 meetings** and volunteer at least **25 hours** of service for PTSA related activities.

It is anticipated that the PTSA Student Leadership Group will meet once a month during lunch in the advisor's classroom, usually on the first Monday of each month and adjusted for holidays. The first meeting will be held in October, and details will be emailed to accepted members.

**QUESTIONS:** Contact PTSA Student Leadership Group Chair at [studentleaders@troypsta.com](mailto:studentleaders@troypsta.com).



TROY HIGH SCHOOL PTSA  
STUDENT LEADERSHIP GROUP  
2022-2023 APPLICATION



Due Date: **Monday, November 7, 2022 Meeting**

Submit Online: **Email** the completed **application** packet to [studentleaders@troypsta.com](mailto:studentleaders@troypsta.com). Send 2 files: 1) Scan of the signed application and required attachments, and 2) Fillable pdf of this application form. **Paper, incomplete, and late applications will not be accepted.** Your application will be considered complete until all forms and payments are turned in.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Total GPA Weighted: \_\_\_\_\_  
Student Long ID: \_\_\_\_\_ Facebook Username: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_

Are you a current Troy High PTSA Member? \_\_\_\_\_ Yes \_\_\_\_\_ No\*

\* Join or renew online for \$10 plus \$1 Totem fee at <https://jointotem.com/ca/fullerton/troy-high-ptsa>.

Do you have a PTSA Student Leadership shirt? \_\_\_\_\_ Yes \_\_\_\_\_ No\*\*

If not, please purchase a shirt and write down your size (choices AS, AM, AL, AXL, AXXL): \_\_\_\_\_

\*\* Please provide \$10 for your shirt. Checks are payable to: **Troy High PTSA**. All cash/checks will be collected at the first PTSA Student Leadership Group meeting in October.

**ATTACH TO THIS APPLICATION:**

- Copy of most recent report card (e.g., 2021-2022 Gradebook Summary from Aeries)
- Copy of PTSA Membership Card (downloadable from Totem)
- Completed Photo Release form included in this packet
- Completed Parent’s Approval, Student, Family, and Participant Waiver form included in this packet

I understand and agree to the guidelines for the Troy High School PTSA Student Leadership Group and the responsibilities that this will entail of me. Please initial:

\_\_\_\_\_ I will be an active and contributing member of the PTSA Student Leadership Group.  
\_\_\_\_\_ I will attend at least **3 general meetings** and volunteer at least **10 hours of services** related to the PTSA group. Activities may be before, during, or after school. Student is responsible for transportation, if needed.  
\_\_\_\_\_ I understand that there may be a cost involved in attending the (optional) leadership workshop.

\_\_\_\_\_  
Student Signature Date

I/We give our child permission to participate and be an active member in Troy High School Student Leadership Group and understand the involvement this entails.

\_\_\_\_\_  
Parent Signature Date

## PHOTOGRAPHY RELEASE

Permission to use child's image, name and/or school.	Permission to use adult image, name, organization name, and/or title.
I, _____, (Print Parent/Guardian's Full Name) am the parent or guardian of:  _____, (Print Name of Minor Child)  _____, (Print Name of Child's School)	I, _____, (Print Full Name) am an adult 18 years of age or older.  _____, (Print Title)  _____, (Print School or Organization Name)

I hereby grant and assign California State PTA, its units, councils, districts and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images as indicated below:**

<input type="checkbox"/> PHOTO / IMAGE <b>ONLY</b> of my child.	<input type="checkbox"/> PHOTO / IMAGE <b>ONLY</b> of myself.
<input type="checkbox"/> PHOTO / IMAGE <b>ONLY</b> of my child with SCHOOL NAME.	<input type="checkbox"/> PHOTO / IMAGE <b>ONLY</b> of myself with SCHOOL NAME or ORGANIZATION.
<input type="checkbox"/> PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME.	<input type="checkbox"/> PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE.

**By signing this, I hereby release California State PTA, its units, councils, districts and its legal representatives from all claims and liability relating to said photographs, video and digital images.**

Date: \_\_\_\_\_

Parent/Guardian/Adult Signature: \_\_\_\_\_

Print Name as Signed: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and return to:

Troy High School PTSA Student Leadership Group: Scan and email to [studentleaders@troyppta.com](mailto:studentleaders@troyppta.com)



**PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER**

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

**Print the name of all family members who may participate in any PTA sponsored events for the 20\_\_ to 20\_\_ school year (including student, siblings and parents):**

- 1. \_\_\_\_\_  
Participant Name Age, if minor child
- 2. \_\_\_\_\_  
Participant Name Age, if minor child
- 3. \_\_\_\_\_  
Participant Name Age, if minor child
- 4. \_\_\_\_\_  
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): \_\_\_\_\_

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- 1. \_\_\_\_\_  
Parent/Guardian Signature Print Name Date
- 2. \_\_\_\_\_  
Parent/Guardian Signature Print Name Date

\_\_\_\_\_  
Address City State Zip Phone (include Area code)