



PORTLAND EMPOWERED
Championing Voice in Education

Parent Engagement Partners Membership Application

Name: _____
Last First Middle Initial Preferred name (If Different)

Child(s) High School(s) and Grade(s): _____

Mailing Address: _____
Address City State Zip Code

SIGN HERE IF OK TO USE PHOTO (read below) _____

I hereby grant full permission to the University of Southern Maine to use my photograph, video or recording (if necessary) in any publication or advertising materials (printed or electronic) related to **Portland Empowered and other youth and community engagement events or activities**. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph.

Best Way(s) to Reach You (Call, Text, E-mail, Facebook, WhatsApp, in person?):

Email You Check Most Often: _____

Home Phone: _____ Cell Phone: _____

Language(s) you speak Besides English (if applicable) _____

Best time(s) to meet? : Morning Lunchtime Afternoon Evening

Specific time (if applicable): _____

Best day(s) to meet?
Monday Tuesday Wednesday Thursday Friday Saturday/Sunday

Other things we should know?



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Muskie School of Public Service