

\_\_\_\_\_ Served as an officer in your local unit/council or region  
 \_\_\_\_\_ Served as a chairman in your local unit/council or region or as a region partner at a NYS PTA event  
 \_\_\_\_\_ Attended Convention  
 \_\_\_\_\_ Attended Summer Leadership Conference  
 \_\_\_\_\_ Attended Legislation/Education Conference or a Region Legislative event  
 \_\_\_\_\_ Attended Region Conferences  
 \_\_\_\_\_ Participated in an Advocacy Month Activity  
 \_\_\_\_\_ Communicated with your Regent or advocated for an issue or concern to the NYS Education Department  
 \_\_\_\_\_ Coordinated a collaborative effort with other not-for-profit or community agencies

• • • • • CONNECTING • • • • •

\_\_\_\_\_ materials to your Unit, Council or Region PTA  
 \_\_\_\_\_ Attend the "Train the Trainer Workshop" and present the State PTA event  
 \_\_\_\_\_ Present a workshop at a Unit, Council, Region or Attend a training at a PAKP Conference  
 \_\_\_\_\_ Programs: Arts & Education, Reflections, BSP PR and Marketing & Presentation Skills  
 \_\_\_\_\_ Communications: Outreach, Technology, Chartering, Advocacy: Resolutions, Issues & Current Topics  
 \_\_\_\_\_ Procedure, Membership, Nominations & Elections  
 \_\_\_\_\_ Practices & Procedures: Bylaws, Parliamentary Grant Writing & Sponsorships  
 \_\_\_\_\_ Fiduciary Responsibility: Budget, Fundraising, Associate & Assistant Directors, Council, Chair  
 \_\_\_\_\_ PTA Job Training: President, VP, Secretary, Treasurer, Attend workshops at your Region or a State PTA event.

• • • • • TRAINING • • • • •

In order to earn the ACT award, you must complete 5 activities/items in each of the three categories: Advocating, Connecting & Training within 2 years of your starting date. (this workshop will be given at all NYS PTA events)  
 This date can be no earlier than November 16, 2007. My starting date is \_\_\_\_\_  
 Indicate in the space provided by each activity the date of completion or the date of attendance.

• • • • • ADVOCATING • • • • •

\_\_\_\_\_ Received the Advocate in Action Award  
 \_\_\_\_\_ Received NYS Honorary Life Member Award  
 \_\_\_\_\_ or NYS Distinguished Service Award  
 \_\_\_\_\_ Received the Leadership Award in Honor of Jane Skrzypek at the Region or State level; or other local leadership award  
 \_\_\_\_\_ Participated in a State or Region advocacy alert  
 \_\_\_\_\_ Participate on a PTA listserve  
 \_\_\_\_\_ Participated in writing a PTA resolution  
 \_\_\_\_\_ Participated in a school board/budget election  
 \_\_\_\_\_ voter information drive  
 \_\_\_\_\_ Offered/coordinated a program on an important issue  
 \_\_\_\_\_ Offered/coordinated a program on an important issue for your Region PTA  
 \_\_\_\_\_ Offered/coordinated a program on an important issue for your Unit or Council PTA

Please print clearly - all information is required

Name \_\_\_\_\_

Address \_\_\_\_\_

Email (required) \_\_\_\_\_

Unit Name \_\_\_\_\_

Unit Code # \_\_\_\_\_

Signature of Unit or Council President or Region Director \_\_\_\_\_

Print name of Unit or Council President or Region Director \_\_\_\_\_

Starting date \_\_\_\_\_ Date completed \_\_\_\_\_

**You have 2 years to complete these requirements**

When your Activity Journal is complete and signed by your Unit or Council President or Region Director please mail it to the New York State PTA and your pin will be mailed to you.

*Please allow 4-6 weeks for processing.*



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**NYSPTA ACT**  
 New York State PTA Leadership Program  
 Advocating Connecting Training  
 Activity Journal

