

## **POLICY COUNCIL JOB DESCRIPTION REPRESENTATIVE**

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**Purpose:** To participate in the process of making decisions about the nature and operations of the program.

### **Qualifications:**

1. Must be a parent of a currently enrolled child in Community Action Inc. of Central Texas Head Start Program and be elected by parents, at the center level.
2. OR, a former parent or representative of the community that has an interest in helping low-income families that can contribute to the program, and has been approved by Policy Council.

### **Tasks:**

1. Participate in Policy Council Orientation & Training.
2. Attend Policy Council meetings
3. Prepare for scheduled meetings in advance by reviewing agendas, minutes, consent items and relevant information.
4. Participate in appropriate decision-making processes as described in the Head Start Performance Standards and the Head Start Act.
5. Encourage parent participation in the program.
6. Assist parent committees in becoming familiar with Head Start Performance Standards, the Head Start Act, and agency policies to promote the smooth running of the agency and to ensure parents serve the agency, children and families, and staff.

### **Areas of Responsibility:**

1. Review, approve, make recommendations, and submit decisions to the Community Action Board of Director's.
2. Follow procedures for working with the Community Action, Inc. of Central Texas Head Start program to resolve concerns about the program.

### **Other Responsibilities:**

- Share with the work and mission of the Community Action Inc. of Central Texas Head Start Program.
- Have the opportunity to initiate suggestions and ideas for program improvements within the regular structure of Policy Council Meetings.
- Recruit volunteer services from parents, community residents, and community organizations, and identify community resources to meet identified needs.
- Respect the confidential nature of the work of Policy Council and information shared to ensure the protection of privacy and confidentiality for Policy Council member, children and families, and staff.

**Representatives cannot:**

1. Be an employee, or a family member of an employee with Community Action Inc. Head Start Program.
2. Have served on Policy Council for more than 3 years.

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I acknowledge receipt of the Policy Council Job Description for CAI Head Start Program. I have read it thoroughly and agree to fulfill the responsibilities indentified.

**Policy Council Member Name (Printed)**

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**Policy Council Member Signature**

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

**Head Start Program Director's Signature**

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

