



PARENTS COUNCIL OF THE COLLEGE MEMBER FACT SHEET

Name(s): _____

University of Rochester Class Year *(if applicable)*: _____ **Child's Class Year:** _____

YES, I/we would like to join the Parents Council of the College. I understand that the Parents Program Office will contact me in reference to my Parents Council gift of \$1,500 or more.

No, I/we are not interested in joining the Parents Council at this time.

HOME ADDRESS:

Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

MOTHER'S WORK ADDRESS *(if applicable)*:

Company: _____

Title: _____

Street: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

FATHER'S WORK ADDRESS *(if applicable)*:

Company: _____

Title: _____

Street: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

You have my permission to release my/our address information to the other Parents Council Members: _____ yes _____ no



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AREAS OF INVOLVEMENT

Parents are invited to become involved in as many of the following areas as they feel comfortable with and that fit into their schedules. Training and back-up materials will be provided for all Parents Fund and Admissions activities.

I/we would like to assist with the following activities:

ADMISSIONS

- _____ Represent the University of Rochester at local college fairs
- _____ Attend informational receptions for prospective students and families
- _____ Speak to parents of local prospective and admitted students, either in person or via phone
- _____ Host “Send-off Receptions” for incoming students and their families in July and August
- _____ Serve as a panelist for on-campus admissions programs

CAREER SERVICES

- _____ Provide information on job and internship openings
- _____ Speak on career panels
- _____ Participate in regional networking receptions for alumni and students

PARENTS FUND

- _____ Personally solicit 5-7 fellow families for gifts
- _____ Make thank you calls to 5-7 local families who have already donated to the Fund

REGIONAL PROGRAMS

- _____ Assist with planning events in your area

Please return this sheet to:

Lis Bischoff-Ormsbee, Executive Director of the Parents Program

parents_program@rochester.edu

or fax to: (585) 276-2494

or mail to:

Parents Program Office

300 East River Road

P.O. Box 278706

Rochester, NY 14627-8706