Policy Council  
*The Road to Leadership*

We hope you take pride in the fact that you have been selected as a leader for West River Head Start Policy Council. You have distinguished yourself in service and effort. Superior performance is certainly an important leadership requirement. Still, it does not stop there – it is only the beginning.

Leadership is more than recognition of hard work and loyal dedication, important as those traits are. You are acknowledging that you are capable of assuming certain responsibilities, paying a greater price in time and effort and accepting those philosophies and demands that come with being a leader.

**Responsibility of a Leader**

You must be aware at all times that you are projecting and accepting leadership responsibilities, because the minute you become a leader, you are “on stage” before the rest of your peers.

1. You set the example. You must function on a “do as I do” rather than a “do as I say” basis.
2. You are expected to promote a positive approach. You believe in what you are doing. Communicate tactfully.
3. You must support and encourage your peers. Help them to achieve their objectives. Maintain high morale and harmony both at and away from Policy Council.
4. You need to show a willingness to be inconvenienced in time and effort to get the job done. Epitomize the work ethic.
5. You unequivocally support West River Head Start. You recognize you are always “on stage.” When in doubt as to what the policy or objective takes priority, take the big picture or organization viewpoint or ask the director.
6. You must be objective, rather than subjective and emotional, in your decisions and judgment. Consider the long-term implications of your actions and decisions. Recognize the easy way is not always the best way.
7. You are expected to demonstrate initiative. Anticipate events, make things happen, establish priorities, and exhibit proprietary interest in those we serve. Never try to succeed at the expense of diminishing the contributions of a peer. Team players are successful.
8. You must show flexibility, be open to change, be willing to accept even a meager task if necessary to the end results. Recognize you are not an expert in all areas. Nor is it possible for you to have access to all the factors that go into the making of all organizational decisions.
9. You attend Policy Council meetings and recognize that discussion, questions, and non-attribution are necessary to get the job done.

10. You must commit to quality, promote and maintain high standards of service, treat our customers and peers with respect and dignity. Exemplify the Golden Rule, treating others in ways that you would want to be treated.

The expectations are high, but if you are capable and willing to take this responsibility, the results are stimulating.

Each individual is unique and has something of value to contribute. We are each different in our skills, needs, aspirations, outside commitments, the kind of work we like to do and the pressures we wish to carry. How much of yourself can you effectively give each commitment? What are your priorities?

In Summary

In addition to the experience and skills you bring to the position, there are four key behaviors or attitudes that will contribute to your success as a leader within our organization:

1. Buy the program – Accept and live our philosophies and principles; communicate them to the parents and community.

2. Question and debate issues where appropriate and in the proper forum. Accept the resulting policy or decision.

3. Be supportive of others before thinking of yourself.

4. Recognize that you are “on stage” needing to set a positive example, both at and away from West River Head Start.

If you can feel comfortable with our approach we welcome you as a leader of WRHS Policy Council and look forward to the contributions you can make!

_______________________________________ 
Leader Acceptance 

_______________________________________ 
Date
Policy Council: Class Representative Job Description

1. Be a positive spokesperson for your Head Start Classroom.
2. If parents want to do a fundraiser, lead the Parent Committee in conducting a fundraiser.
3. Attend monthly Policy Council meetings.
4. Keep the Policy Council alternate and Head Start families informed and involved in all Policy Council and classroom activities.
5. At Family Nights, report classroom and Policy Council financial status as per Policy Council fiscal report.
6. West River Head Start Policy Council Representative’s term is from September to September of each year.

Policy Council: Community Representative Job Description

1. Be a positive spokesperson for your Head Start program.
2. When your local Head Start program is doing a community service project, assist by attending the event.
3. Attend monthly Policy Council meetings.
4. Maintain confidentiality of Head Start when it applies to names of children/families enrolled, personnel issues such as hiring or termination, etc.
5. When you are attending meetings in your local community, promote the good work and services that Head Start provides for the children and families.
6. If you are an experienced Head Start parent, share your experiences of how Head Start helped you and your child.
7. Promote the work that Head Start does to get children and families ready for kindergarten.
8. West River Head Start Policy Council Community Representative’s term is from September to September of each year.
Policy Council: Conflict of Interest Declaration

According to the Head Start Act of 2007, members of the Policy Council shall not have a conflict of interest with the Head Start agency and shall not receive compensation for serving on the Policy Council or for providing services to the Head Start agency.

YES  NO

☐ ☐ Do you, your spouse, parent(s) or child hold a position of management or employment with West River Head Start or HIT Inc.?

☐ ☐ Are you a consultant for West River Head Start or HIT Inc.?

☐ ☐ Have you, your spouse, parent(s) or children received income from West River Head Start or HIT Inc.? If yes, explain: ____________________________

☐ ☐ Does West River Head Start purchase supplies from you or your place of employment? Name of company: ____________________________

☐ ☐ Do you have influence over goods or supplies purchased by West River Head Start? What is your position title? ____________________________

☐ ☐ Are there other possible conflicts of interest between yourself and West River Head Start? If yes, please explain: ____________________________

I verify I have used all reasonable diligence in completing this form and, to the best of my knowledge, is a complete and accurate disclosure of all interests related to West River Head Start and/or HIT Inc.

If at any time in the future, a potential conflict of interest arises, I will notify the Vice President of West River Head Start to disclose the information and refrain from voting until the matter is reviewed by HIT Inc.’s Board of Directors.

All disclosed potential Conflicts of Interest will be reviewed by the HIT Inc. Board of Directors. Their decisions will be considered final.

__________________________________________________  ____________________
Signature                                           Date

Revised 9/26/2017
CONFIDENTIALITY AGREEMENT
For Parents / Guardians Only

There is a constant flow of information about personal matters pertaining to the children, their families, friends, and staff in our program. Openness about such matters increases our understanding and our ability to work well with the children and families. However, this also increases our responsibility to always remember the basic rules of confidentiality. Each of us working with the Head Start program has been entrusted with protecting the private lives and personal nature of each child and family involved with the program. This is an extremely important trust.

Information should be shared only among staff and other professionals who are actively involved in working with the child. It should NEVER be shared with anyone else without prior authorization from the parent/guardian. THIS ALSO MEANS THAT ANY IDENTIFYING OR PERSONAL INFORMATION LEARNED WHILE VOLUNTEERING AT THE WEST RIVER HEAD START CENTER SHOULD BE KEPT CONFIDENTIAL. Relating information to close friends, members of your family, etc., is a violation of this agreement.

Only administration is designated to release information to the media (newspapers, magazines, television or radio). Please refer all such requests to the Assistant Directors or Vice President of West River Head Start.

By my signature below, I hereby agree to assure the confidentiality of information I receive from others or obtain from my own observations regarding the children, families, and staff of West River Head Start.

As a Policy Council member, volunteer or parent/guardian of the West River Head Start program, I have read the Confidentiality Agreement. I understand and agree to abide by it in its entirety.

__________________________________________________  
Signature  Date

__________________________________________________  
Signature (second parent if applicable)  Date

__________________________________________________  
Witness Signature  Date

Revised 9/26/2017
Policy Council
RELEASE OF INFORMATION

As a member of the West River Head Start Policy Council, you are representing the families and communities of West River Head Start and should be available to those you represent. You may choose or not choose to release information for publication on the WRHS website. Please indicate your desires by checking the appropriate boxes and providing the information indicated.

☐ It is permissible to put the following information on the Policy Council page of the WRHS website (print clearly):

☐ My name ________________________________________________

☐ My phone number __________________________________________

☐ My email address __________________________________________

☐ Center/classroom you represent ______________________________

☐ Community you represent __________________________________

☐ Other information about yourself you would like to release (a couple of examples: number of children in Head Start - past or present, HS areas in which you are particularly interested - volunteering, family night activities, etc.)

________________________________________________________________________

________________________________________________________________________

☐ Please do not publish any of my information on the WRHS website.

__________________________________________  ________________
Signature                                                   Date