



2011-2012 Executive Board Nomination Form

The Nomination Form only serves as a cover page for the information the nominee will provide. The following information outlines what is needed by the Nomination Committee to evaluate and rate the prospective nominees and the order in which the information should be presented. Failure to follow this outline and this order could place the prospective nominee at a disadvantage. All nominations should be submitted by April 1, 2011 to:

Dr. Mary Hopkins
Nominations Committee Chair
1445 N. Perry Road
Carrollton, TX 75006
E-mail: hopkinsm@cfbisd.edu
Fax: (972) 968-6158

AND/OR

Kim Chambers
Nominations Committee Co-Chair
326 Joliet Street
West Chicago, IL 60185-3142
E-mail: kchambers@d94.org
Fax: (630) 876-6216

I. Nominee information

- Name
Current Title
School District
Address, State/Province, Zip
Phone
Region
Office for which Nominated (President-Elect, Region 5 or Region 6 Representative)

II. Number of years associated with AASPA

- List years as an Active (Individual) member (must currently be an Active - Individual member)
List years of Annual Conference attendance (beginning with 2000)

III. AASPA committee participation:

Name of committee(s), Year(s), Indicate if chair/co-chair or member

IV. AASPA office(s) held:

Name of office(s), Year(s)

V. AASPA Presentation(s):

- Annual Conference(s), Year(s)
Regional meeting(s), Year(s)
Webinar(s), Year(s)

VI. Active membership in other organizations:

List other organizations in which you have been an active participant. Include information about offices held, committee(s) chaired/co-chaired, presentations given, etc. Do not limit it to personnel (this shows your leadership characteristics in other areas).

VII. Evidence of "substantial knowledge of current public school personnel problems and trends":

Address aspects of your current and past professional accomplishments that demonstrate your knowledge of personnel problems and trends in public schools.

VIII. Presentations, papers, publications, awards and other recognitions:

List any additional contributions you have made, papers/publications and any professional awards or recognitions you have received.

Nominated by: \_\_\_\_\_ Phone: \_\_\_\_\_

If the committee recommends me as a nominee for office, I will accept the nomination.

Signature of Prospective Nominee: \_\_\_\_\_ Date: \_\_\_\_\_