

**CANDIDATE DATA
for the office of
PRESIDENT or VICE-PRESIDENT**

Candidates for the position of President or Vice-President of the Illinois Association of School Boards should possess, at minimum, the following qualifications:

- Demonstrated leadership on a local board of education and at IASB division and state levels.
- Demonstrated participation in a wide spectrum of IASB activities at all levels.
- Demonstrated ability to speak for public education in Illinois and to be an advocate for IASB positions.
- Membership on the IASB Board of Directors for at least two years is preferred.

Please supply complete information about the candidate as requested in all categories and return to: Chair, IASB Nominating Committee, Illinois Association of School Boards, 2921 Baker Drive, Springfield, Illinois 62703-5929.

Due in the IASB office by 4:00 p.m. (first Friday in August)

WE RECOMMEND THAT: NAME (first/middle/last) _____

Address _____

Phone (s) _____

BE CONSIDERED by the IASB Nominating Committee for the position of _____

Current board member of school district _____

Year first elected: _____ Year present term expires: _____

Intends to run for re-election? _____

Local board offices held and dates _____

Board member of other school district, if applicable, and dates _____

Other district board offices held and dates _____

- Attach TWO (2) PAGES OR LESS listing information requested in items A-C below:
 - a. Non-IASB education-related offices, committees and positions held with dates.
 - b. Other statewide or national experiences relating to school governance with dates.
 - c. Current and previous employment/occupations and dates.
- Attach a completed IASB Officer Profile form.
- Attach a copy of the candidate's accumulative Master Board Member Program activity.
- Attach one page describing not more than three (3) goals that the candidate has for the future of IASB.
- Attach a letter from the candidate verifying the accuracy of the submitted information and indicating a willingness to serve if elected.

The ACTION to recommend _____ was taken on _____
(Candidate) (date-action since November)

by the Board of Education of and the attached information has been reviewed by this board.

Date Board Officer's signature and title (not Candidate)

(Do NOT submit additional recommendations or letters of support)

IASB Officer Profile

Date _____

Name _____

Nickname _____

Spouse's Name _____

Home Address _____

City/Zip Code _____

Telephone Number _____

Birth Date _____

Fax Number _____

Cell Phone _____

E-mail Address _____

Occupation Employer Name Business Address / City / Zip Code

Telephone Number _____

Fax Number _____

IASB Service History

Date First Elected to Local Board _____

Date of Next Election _____

IASB Division _____

District Type _____

School District Name & No. _____

County _____

Superintendent _____

Business Official _____

Address _____

City/Zip Code _____

Telephone Number _____

Fax Number _____

Grade Range _____ Enrollment _____ Number of Attendance Centers _____

Most Recent EAV _____

Most Recent Expenditure per Pupil _____

Date First Elected as IASB Director _____

List of Committee Membership(s) (including dates)

Personal History

Education:

High School _____ College _____ Post Graduate _____

Children's Names and Birthdates

Leadership Activities in Civic and/or Professional Associations (including dates)

Awards/Recognitions/Commendations

Volunteer Activities and/or Affiliations
