**NOMINATION PROFILE FORM FOR AAEOPP OFFICE**

*PLEASE TYPE OR PRINT ALL REPSONSES LEGIBLY*

**Seeking Position**

President: [ ]  Vice-President: [ ]  Treasurer: [ ]  Recording Secretary: [ ]

**Contact Information**

Last Name:       First Name:       Middle Initial:

Home Address:

City:       State:       Zip:

Work Phone: (     )      -      Cell Phone: (     )      -

Email Address:

Institution/Agency:

TRIO Program(s):

Work Address:

City:       State:       Zip:

Phone: (     )      -      Fax: (     )      -

Business Email Address:

**Academic Information**

Formal Education (Highest Degree Earned):

Year:

College/University:

**Employment Information**

Your current position (job title):

Length of time in current position:

Length of time at Institution/Agency:

Please list below your most recent *full-time TRIO positions* prior to your current position. State the position title(s), institutions or agencies, and length of time employed in each position.

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| --- | --- | --- | --- |
| Institution/Agency | Program | Title | Duration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List below any relevant full-time employment, *outside of TRIO Programs*:

|  |  |  |  |
| --- | --- | --- | --- |
| Institution/Agency | Program | Title | Duration |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Leadership Information**

*Describe below your experience/service as an elected officer, committee member, or other positions with AAEOPP.*

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*Describe below your experience/service as a committee member, elected officer, or other positions with SAEOPP.*

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|  |

*Describe below your experience with COE*

*(i.e. elective offices, committee appointments, financial contributions, etc.)*

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|  |

Length of time as a financial AAEOPP member:

Length of time as a financial SAEOPP member:

**Personal Statements**

*Please provide detailed comments on the following topics:*

1. What professional experience do you bring in relation to the office you seek?

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2. What are your reasons for seeking this office?

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3. What assets will you bring to the office you seek?

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4. What is your vision for AAEOPP?

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5. What civic and community involvement activities will you bring to the office you seek?

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**Statement of Understanding**

By affixing your signature below, you affirm that you are an active professional member of AAEOPP; are aware of the duties and responsibilities of the office you seek; are able to commit the time and effort necessary to perform your duties effectively; and will be able to attend all required meetings of the association. I am aware that a financial expectation of $250 as president or $200 for other officers will be paid from my personal funds to Fair Share each year.

Nominee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Statement of Institutional Support

By affixing your signature below, you affirm that you are aware of the duties of this position; will permit your staff member to commit the time and effort necessary to perform the duties effectively; and you will permit your staff member to attend all required meetings of the association.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

AAEOPP State Association Support

By affixing your signature below, you affirm that the nominee listed above is a financial member of the state Association.

Treasurer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*This form must be received (not postmarked)* ***before 12:00 midnight by March 15, 2019****.*

*Send to: Harriett Montgomery, AAEOPP Nominations Chair*

*Email:* *hsburroughs@southalabama.edu****(preferred)***

*OR*

Harriett Montgomery, Educational Talent Search, University of South Alabama, Educational Services Bldg., Suite 6, 320 Alumni Circle, Mobile, AL 36688 Office: 251-380-2621 *Fax: 251-380-2651*

***FORM(S) MAY BE DUPLICATED AS NEEDED***