

GWRRA COUPLE OF THE YEAR RESUME

INSTRUCTIONS FOR USE:

This fillable PDF version of the Couple of the Year Resume can be filled out online and saved on your PC. Once you have completed it to your satisfaction it must be printed, signed, photos attached and scanned, creating a complete electronic document.

The Resume must not be more than 6 pages although a Page 7 is allowed if it only has the Couples' picture and/or copies of their Membership Cards.

This page is for instruction only and is not to be printed and included with the Resume.

Please attach the scanned document and email as per the instructions provided by your Couple of the Year Coordinator.

GWRRA COUPLE OF THE YEAR RESUME

(Type or Print Legibly)

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PART I - CANDIDATES' INFORMATION

(This page may be updated as candidates move through the various levels – District / International)

Names: _____

Chapter Designation: _____ District: _____ Territory: _____

Male - Address: _____

City, State, Zip: _____

Telephone: (_____) _____ E-Mail Address: _____

GWRRA Member Number: _____ Exp. Date _____ Join Date: _____

Female – Address (complete only if different): _____

City, State, Zip: _____

Telephone: (_____) _____ E-Mail Address: _____

GWRRA Member Number: _____ Exp. Date _____ Join Date: _____

(Attach a PHOTOGRAPH and a copy of MEMBERSHIP CARDS)

May attach on a separate page on the back of the Resume

PART II - CERTIFICATIONS

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(This page remains with the resume and is filled-in as candidates pass through the various levels.)

Typed or printed name of male candidate: _____

Signed by male candidate: _____ Date _____

Typed or printed name of female candidate: _____

Signed by female candidate: _____ Date _____

1) To be completed and signed by the candidates' Chapter or Assistant Chapter Director.

I certify that the abovenamed individuals are participants of Chapter _____
(Include Letter Designation, City, District)

and have been named Chapter Couple of the Year for _____. Further, I verify
(month/year to month/year).
that information on the resume is true to the best of my knowledge.

Signed: _____ Position _____ Date _____

2) If selected as District Couple of the Year, to be completed and signed by the candidates' District or Assistant District Director, for submission to Membership Enhancement Program Assistant Directors.

I certify that the abovenamed individuals have been selected _____ District Couple of the
(Name of District)
Year for the period of _____. Further, I verify that information on the
(month/year to month/year).
resume is true to the best of my knowledge.

Signed: _____ Position _____ Date _____

Part III - NOMINATOR'S COMMENTS

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*(This page, **the original nominator's comments**, remains with the resume as the candidates move through the various levels. It is to be completed by the Chapter Director or Assistant Chapter Director when the Couple makes the decision to commit and participate in the District Couple of the Year Selection.)*

NAME OF NOMINATOR: _____

POSITION: _____

CHAPTER NAME (Include Designation/City/District): _____

COMMENTS:

SIGNATURE: _____

DATE: _____

3. Membership Enhancement Involvement (e.g. courses/seminars taken or presented with title, recruiting efforts, member retention activities, public relations activities, promotion of GWRRA outside the organization, etc.) Note: Only list seminars/activities completed within the preceding five (5) years. Please indicate year and month for each.

_____ Members recruited (no date limitation)

4. Rider Education (please identify your Rider Education Level next to the appropriate box and then list any other relative Rider Education involvement, e.g. courses/seminars taken or presented with title, positions held, etc.) Note: Only list courses/seminars completed within the preceding five (5) years. Please indicate year and month for each.

Rider Ed Levels: Male _____ Master # _____ (if applicable)
Female _____ Master # _____ (if applicable)

5. University Classes/Seminars or ITCP Modules (please *list the number of courses taken/presented next to the appropriate box and then list their titles.*) Note: Only list courses completed within the preceding five (5) years. Please indicate year and month for each.

University Seminars or ITCP Classes/Seminars taken/presented: Male____ Female____

6. Why we want to be the District/International Couple of the Year:

We have read and understand the ICOY Handbook (Revised 01/18).

Signature (Male)

Date

Signature (Female)