

CANDIDATE APPLICATION

Willingness to be nominated for Arizona Art Therapy Association
Volunteer Officer or Board Director

Instructions:

- The application must be submitted electronically no later than October 31, 2020 to info@azata.org.
- Use additional pages as necessary.
- All information requested on this form must be provided.
- **Nominees are asked to carefully consider their ability to assume the role and its full responsibilities before accepting candidacy.**

SECTION I: (Please print or type)

| | |
|---|--|
| Name | |
| Title | |
| Address of Residence | |
| City and Zip code | |
| Phone (cell and home) | |
| Email address | |
| Business Name | |
| Business Address | |
| Business City, State, and Zip code | |
| Business Phone | |
| Business Email | |

Best hours to reach me are: _____

Please check preferred mailing address:
USPS mail: ___ Residence ___ Business
E-Mail: ___ Residence ___ Business

SECTION II:

I am willing to serve in the following positions(s): (indicate first, second, and third choice by entering a 1, 2, or 3 in the priority column next to the position or specify one position in which you are willing to serve by entering a 1 in the priority column next to that position)

| Position | Priority |
|-----------------------------|-----------------|
| President-Elect | |
| Secretary | |
| Treasurer | |
| General Board Member | |

SECTION III:

Please attach a professional photo and resume or CV that includes the following:

- A. Education (Education, including institution, degrees, and year received)
- B. Experience
- C. Professional Presentations and Publications
- D. Exhibitions
- E. American Art Therapy Association (Please include membership number and any volunteer positions held)
- F. Other professional activities and volunteer positions held

Please be sure to send your photo, resume/CV and application together via email to the AzATA email address. info@azata.org

If selected as a nominee on the slate developed by the Nominating Committee, you will be notified of your nomination confirming your candidacy prior to any announcements to the Board of Directors or the general membership. Your current consent must be received prior to advancing you to the candidacy for office.

Please read and sign:

I consent to be nominated as a candidate for Office of the Arizona Art Therapy Association.

Signature: _____ **Date:** _____