



ILLINOIS ASSOCIATION OF HISPANIC STATE EMPLOYEES

P.O. BOX 641526 CHICAGO, IL 60664-1526

PHONE: (312) 814-8942 • Fax: (312) 814-6840

Board Nomination Form

Candidate Information

Name _____

Home Phone Number _____

E-mail Address _____

Work Phone Number _____

Preferred method to reach me: Via Telephone Via Email

Employment/Position _____

Education _____

Submitted by: Self Nomination Name: _____

Previous Volunteer Experience (if any)

Please check any of the following skills or experience the candidate possesses.

- Finance, accounting
- Management, administration, business process
- Legal
- Community engagement, local/state govt.
- Education, teaching, youth development
- Nonprofit management
- Fundraising, development
- Public Relations, communications
- Other _____

Affiliations, or organizations, especially positions of leadership (e.g. professional, civic).

Filling out the nomination form does not commit you or another person to running for election. It's simply a first step toward helping the IAHSE Nominations Committee identify members who meet the criteria described on the enclosed fact sheet. Once we receive the forms, we will reach out to nominees to discuss the selection process and collect any additional information needed. Then, the Nominations Committee will select a slate of qualified candidates to stand for election at the conference.

www.iahse.org



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Please complete this section if you are nominating yourself

I do or do not have any current or potential conflicts of interest that would prevent me from serving on the board. (For example: board member or staff of competing association, family members employed by IAHSE, support for any legal claim or action made against IAHSE)

I understand do not understand but am willing to learn about the fiscal and oversight functions of a board of directors under both regulations and best practices.

I can meet the commitments of the board member job description.

Please complete this section if you are nominating someone else:

Name _____ Date _____
Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated?

Yes No

If “yes”, would he/she be willing to serve if elected?

Yes No

Do you believe there are any potential conflicts of interest with this candidate?

Yes No

Thank you for your nomination! The candidate will be contacted by the IAHSE Nominations Committee.

Office use

Met with nomination committee on _____
Nominating committee

approves
 did not approve

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