



ECD COMMITTEE MEMBER CANDIDATE INFORMATION FORM

DATE OF APPLICATION/NOMINATION	
YEAR YOU JOINED ACERS	
COMMITTEE APPLIED FOR	

1. CONTACT INFORMATION

Name			
Organization			
Address			
City/State/Zip/Country			
Phone		Email	

2. EDUCATIONAL BACKGROUND

Institution	
Study Field	
Degree/Date Attained	

3. VOLUNTEER EXPERIENCE

Please describe your volunteer leadership experience with ECD, ACerS or other related or similar organizations.

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4. CURRENT AND PREVIOUS JOB RESPONSIBILITIES AND EXPERIENCE

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5. OTHER

Is there anything else you would like us to consider in reviewing your candidacy? (150 words maximum)

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6. REFERENCES

Please list three active ACerS members who can speak to your qualifications as a potential committee member.

Name (1)	
Organization	
Email	
Name (2)	
Organization	
Email	
Name (3)	
Organization	
Email	