

**ACSA COMMITTEE MEMBER RECOMMENDATION FORM**

**For the Leadership Development Committee**

**Purpose of Committee:** The Leadership Development Committee, with a representation from each region, two board members and chaired by the ACSA State Past President, was formed as an advisory committee to the ACSA State Board to look at the governance of the organization and provide clarity, consistency and alignment of the bylaws of state ACSA, the regions, committee and councils. In addition to this work, the state board has asked the LDC to provide recommendations to the board on how they can help with the board's responsibility to provide leadership development and best practices for the committees and councils each year. Working with the board, define association leadership needs, set criteria and requirements, the build programs, trainings and orientation strategies, mentoring/coaching opportunities, and other tasks that effectively develop leadership at the region, committee/council and board levels.

**Committee Representation:** Recommendations will be solicited from each region.

**Responsibilities of Committee Members:**

- Serve a three year term.

**Ability to:**

Attend four meetings during the year.  
To attend and represent the region at four meetings held in Sacramento.

**Experience:**

The ideal member has held a variety of positions throughout ACSA at the charter, region, and/or state level as charter officer, region officer, committee/council member, and/or state Board Member.

**Committee Member Recommended:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Title \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Superintendent of District \_\_\_\_\_

Superintendent's Address \_\_\_\_\_

Nominee's previous ACSA State, Regional or Charter activities: \_\_\_\_\_

Please provide a short statement as to why you would like to serve on the Leadership Development Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Please be sure to check the appropriate box for affirmative action:  Male  Female

African/American

Asian

Caucasian

Eskimo – American Indian

Filipino

Latino

Pacific Islander

**Special Instructions:**

- ACSA membership is required of the nominee. You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Members may serve on only one ACSA State Committee at a time.

SUBMITTED BY: \_\_\_\_\_

REGION: \_\_\_\_\_

DATE: \_\_\_\_\_

**Return completed forms to:**

**ACSA  
Attn: Lori Allred  
1029 J Street, Suite 500  
Sacramento, CA 95814**