

# ACSA COUNCIL MEMBER RECOMMENDATION FORM

## For the Classified Educational Leaders Council

**Purpose of Council:** To build and maintain a vibrant network of classified educational leaders, who share a mutual commitment to excellence in the service and support of our students, and are valued members of their leadership team. To develop and enhance professional growth opportunities for classified educational leaders, promote ACSA membership, and encourage participation in all levels of ACSA.

### **Responsibilities of council members:**

- ◆ Actively participate in three state council meetings a year and annual CEL Institute.
- ◆ Coordinate region/charter meetings and activities.
- ◆ Act as liaison between the state council and the region and charters by providing two-way communications – share state council matters with region/charter, region charter activities/concerns/request with state council.
- ◆ Support the purpose and goals of the state council at the state and region/charter level.

### **Ability to:**

- ◆ Be a proactive, creative member of a dynamic team.
- ◆ Interact well with others.
- ◆ Articulate the purpose and goals of the council.
- ◆ Be a visible role model.
- ◆ Be responsive to the needs of the council's constituency.
- ◆ Follow through with assigned tasks.
- ◆ Be a critical thinker and life-long learner.

### **Experience:**

- ◆ Working in groups.
- ◆ Staff development.
- ◆ Program coordination and development.
- ◆ Meeting management.
- ◆ Team Building

**Council Member Being Replaced:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**One Box must be selected.....**

**Council Member Selected**

**Council Member Elected:**

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 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:**

- Before you return this form, **check to be sure the person recommended is an ACSA member.** You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Be sure that you **do not recommend any member who has already served a full three year term.**
- Members may serve on only one ACSA State Committee/Council at a time.

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

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

**Return completed forms to: Adelita Dizdarevic, Governance Assistant**  
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814