

ACSA COMMITTEE MEMBER RECOMMENDATION FORM

F o r t h e E q u i t y C o m m i t t e e

Purpose of Committee: To build the capacity in equity leadership and cultural proficiency of all educators within the organization and throughout the state of California to effectively eliminate all equity gaps. In order to accomplish this purpose we will:

- Identify and research issues related to equity and diversity
- Develop strong recruitment and retention policies and practices to grow membership
- Recommend policies, practices, and resources which lead to quality instructional/educational programs and services
- Assist in the development of programs, resources, and materials to help leaders effectively respond to equity issues
- Establish partnerships and communication links
- Assist the board in implementing aspects of the association strategic plan **Responsibilities of committee members:**

- ◆ To serve a three-year term.
- ◆ To attend all scheduled committee meetings and send a substitute from the region when necessary.
- ◆ To disseminate information of committee activities to the region.
- ◆ To serve on at least one subcommittee.
- ◆ To come to the annual Diversity/Equity conference

Ability to:

- ◆ Provide valuable input to assist with the development of committee goals and objectives.
- ◆ Assist with the preparation and submission of the annual yearend reports.
- ◆ Initiate discussions at state committee level about regional issues which have statewide impact.

Experience:

- ◆ In leadership positions dealing with diversity issues (preferred).

Committee Member Being Replaced: _____ **Term:** _____

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 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 at a time.

REGION: _____

REGION PRESIDENT: _____

DATE: _____

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