

**ACSA COMMITTEE MEMBER RECOMMENDATION FORM**

**For the Legislative Policy Committee**

**Purpose of Committee:** To identify and study areas of needed legislation affecting ACSA members and public education. To solicit sponsorship requests from ACSA members, and to sponsor bills that improve conditions in California schools. To study proposed legislation and, based upon ACSA's Legislative Platform and additional input from the board of directors, establish ACSA's position on state and federal legislation. To assist in the establishment of the ACSA Legislative Platform.

**Responsibilities of committee members:**

- ◆ Commitment to serve a 4-year term for region representatives.
- ◆ Commitment to serve at least a 2-year term for committee/council representatives.
- ◆ Commitment to attend all scheduled meetings (four per year) and, if unable to attend appoint an alternate from your region to attend.
- ◆ Commitment to review and provide input on the numerous legislative proposals to be considered during the year, especially for the topic of the subcommittee on which the committee member serves.
- ◆ Commitment to communicate with region on legislative issues.

**Ability to:**

- ◆ Read and comprehend the impact of legislation upon existing school and/or county office operations and programs.
- ◆ Evaluate, discuss, debate, and reach consensus to support or oppose legislative proposals.
- ◆ At times, agree to disagree and support the majority position recommendation.

**Experience:**

- ◆ Involvement in legislative policy and/or legislative action at the region or charter level.

**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 four year term.**
- Members may serve on only one ACSA State Committee at a time.

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

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

**Return completed forms to: Lori Allred, Executive Assistant**  
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814