



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

5. OTHER

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

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	