

NORTH DAKOTA SCHOOL BOARDS ASSOCIATION
CANDIDATE INFORMATION FORM

Deadline for submission: AUGUST 16, 2024

I would like to be considered by the NDSBA Nominating Committee as a candidate for the position of **NORTHWEST DIRECTOR.**

CONTACT INFORMATION

Name (print): _____ Daytime phone: _____

Home address: _____ Cell phone: _____

E-mail address: _____

School district: _____

LOCAL SCHOOL BOARD LEADERSHIP EXPERIENCE

Number of years on board: _____ Number of years as board president: _____

Service on board committees:

- | | |
|----|-------------|
| 1. | _____ years |
| 2. | _____ years |
| 3. | _____ years |
| 4. | _____ years |

REGIONAL SCHOOL BOARD LEADERSHIP EXPERIENCE

Number of years on Regional Education Association Governing Board: _____

Number of years on CTE Board: _____

Number of years on Special Education Board: _____

Other board experience: _____
(board) (years)

OTHER STATEWIDE SCHOOL BOARD LEADERSHIP EXPERIENCE

Years on Education Standards and Practices Board: _____

Years on North Dakota High School Activities Association Board: _____

Years on State Board of Public School Education: _____

Other: _____
(board) (years)

North Dakota School Boards Association (committees, presentations, attendance)

Governmental Affairs Committee: Yes _____ years
Ballot Counting Committee: Yes _____ years
Nominating Committee: Yes _____ years
Credentials Committee: Yes _____ years
Legislative Committee Yes _____ years

Presentation(s) at Convention (clinic session title and year presented)

Attended NDSBA Annual Convention Yes _____ years

NDSBA RECOGNITION

Have you been recognized by NDSBA as a *Veteran Board Member*? Yes _____

Have you been recognized by NDSBA as a *Master Board Member*? Yes _____

Why do you wish to serve on NDSBA's Board of Directors? (Can attach page if needed)

Candidate's Signature

Date