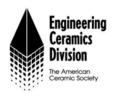


DATE OF APPLICATION/NOMINATION



ECD COMMITTEE MEMBER CANDIDATE INFORMATION FORM

YEAR YOU JOINED ACERS	
COMMITTEE APPLIED FOR	
4 CONTACT INFORMATION	
1. CONTACT INFORMATION	
Name	
Organization Address	
City/State/Zip/Country Phone	Email
THORE	Entail
2. EDUCATIONAL BACKGROUN	ID
Institution	
Study Field	
Degree/Date Attained	
3. VOLUNTEER EXPERIENCE	
Please describe your volunteer leadersh	nip experience with ECD, ACerS or other related or similar organizations.

4. CURRENT AND PREVIOUS JOB RESPONSIBILITIES AND EXPERIENCE		
5. OTHER Is there anything else you woul	ld like us to consider in reviewing your candidacy? (150 words maximum)	
6. REFERENCES	nembers who can speak to your qualifications as a potential committee member.	
Name (1)	embers who can speak to your qualifications as a potential committee member.	
Organization		
Email		
Name (2)		
Organization		
Email		
Name (3)		
Organization		
Email		
CIIIdii		