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# 2018 Appointed Board Nomination Form – Deadline February 16, 2018

# Position of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Introduction

Thank you for your interest in the SEVA ATD Board of Directors. Please complete the following information and use available space on the next page for additional information that would assist in evaluating your application for the particular Board position(s) of interest.

**Email the completed application to: president2018.sevaatd@gmail.com**

## Your Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | |  |  | Date: |  |
| Contact Number: | |  |  | Nominated by: |  |
| E-Mail Address: |  | |  | Certification: |  |

## Information

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| --- | --- | --- |
| SEVA ATD Local Member (Yes or No): | |  |
| National ATD ID#  How Long? | | . |
| Number of years in the Talent Development Field: |  | |
| Other related organizations? |  | |

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| |  |  | | --- | --- | | Previous Board position(s) held or Committee(s) served on SEVA ATD: |  |   Dates \_\_\_\_/\_\_\_\_/\_\_\_\_  Previous Board position(s) held or Committee(s) served on with other volunteer organizations (attach additional sheet if necessary):  Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board position/Committee(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ Social and Company Information  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | LinkedIn URL | |  |  | Twitter URL: |  | | Personal Website URL: | |  |  | Company : |  | | Company Email: |  | |  | Position: |  |  Education  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | University/  College: | |  |  | Degree: |  | | Discipline: | |  |  | Minor : |  | | Relevant Skills: |  | |  | Technical Skills : |  |  Bio (two paragraphs only) and One page Interest **(Please include your current resume and attach additional sheets to the application nomination form):** |
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## For Human Resources Use Only

I certify that the information given in this nomination form and any attachments is accurate to the best of my knowledge. I understand that any deliberate omission or misrepresentation of information in this application may result in refusal or termination of participation on the Board of Directors of SEVA ATD. I understand that the SEVA ATD may verify my stated certification(s), membership status, qualifications with previous employers and educational institutions named in this application. If needed, I will provide authorization to release information to the SEVA ATD. If elected, I understand that this is a volunteer position and do not expect any compensation for services provided to the SEVA ATD. In addition, I also understand that I will be required to attend monthly board meetings and provide monthly reports and updates as requested. If elected, I agree to comply with the Bylaws and Code of Ethics set forth and communicated to the members of the national ATD and SEVA ATD.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_