CASE COMMITTEE NOMINATION FORM

INSTRUCTIONS: This form may be completed by a candidate or by a nominator. It is essential that complete and accurate information be provided for each candidate. Please duplicate this form if you wish to nominate additional candidates. Complete one form for each candidate and send to the Executive Director. lpurcell@casecec.org

Name of Person NOMINATING Candidate ____________________________

NOMINATOR’S Address_______________________________________________

NOMINATOR’S Telephone Office _________________ Email_________________

Nominator’s Signature _____________________________ Date ______________

Please indicate standing committee for which candidate is being nominated (check all that apply):

Membership _____ Product Review _____ Policy & Legislation _____ Research _____
Professional Development _____ Finance _______ Unit Development _____Publication_____

CANDIDATE’S NAME ________________________________________________

Professional Position ________________________________________________

Address (Office) _____________________________________________________

Telephone (Office) _________________ Email _________________ CEC ID# _____

CASE Subdivision Offices Held/Date(s) ________________________________

Female ________ Male ________ Ethnicity ________

Type of Disability (if any) _____________________________________________

What is your job role? ________________________________________________

If you are involved in a district/Coop, what is the size of your K-12 enrollment? _______________

Please do not send candidate’s resume but include a paragraph containing pertinent characteristics and experiences, which uniquely qualify this individual for a committee position.