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| APPLICANT NAME:  (First, Middle Initial, Last) | | | | |
| TITLE: | | | | |
| AGENCY OR  ORGANIZATION: | | | | |
| Part 1: Confidential Information | | | | |
| CONTACT INFORMATION: (CHECK Preferred 🞏 Home 🞏 Business) | | | | |
| ADDRESS: | | | | |
| CITY: | | STATE | | ZIP  CODE: |
| E-MAIL  ADDRESS: | | | | |
| HOME  PHONE: | WORK  PHONE: | | CELL  PHONE: | |
| Part 2: Public Information | | | | |
| IAP2 MEMBER SINCE: (year) | | | | |
| Education/Academic Background: | | | | |
| Work History: | | | | |
| Describe your participation in IAP2 Chapters, if any: | | | | |
| Have you taken the IAP2 Certificate Program? 🞏 Yes 🞏 No  If yes, list approximate date, location, and trainer’s name | | | | |
| Are you a IAP2 licensed trainer? 🞏 Yes 🞏 No Since: (enter year) | | | | |
| How long have you been a member of IAP2? | | | | |

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| PLEASE NOTE: The incorporating Board of Directors shall serve staggered terms, such that six (6) shall serve for three (3) years and five (5) for two (2) years before standing for re-election.  I prefer to serve (check one) 🞏 3 years 🞏 2 years 🞏 No preference |
| CURRENT IAP2 or IAP2-USA INVOLVEMENT: |
| PAST IAP2 INVOLVEMENT: Describe any other relevant involvement in IAP2 |
| ACCOMPLISHMENTS: *In no more than 250 words, please describe the life accomplishments you feel are most relevant to your leadership on the Board.* |

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| CANDIDATE STATEMENT:  Explain what you would hope to accomplish on the board of directors of IAP2-USA Affiliate. |
| *Please describe your own vision for the future of public participation in the US and the role you believe IAP2-USA can play in realizing that future. (150 words)* |
| *Explain how you expect the Board of Directors to work with and on behalf of members, what you feel are member’s needs and potential contributions, and how you would tap into these as a Board Member. (150 words)* |

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| *Describe the strengths you would bring to the Board and the kinds of contribution you would like to make. (150 words)* | |
| *Share anything else you feel would be helpful to members in deciding on your candidacy. (150 words)* | |
| Of what other organizations are you a member? (i.e., American Planning Association, National Coalition for Dialogue and Deliberation)? Please list all. | |
| CANDIDATE  SIGNATURE: | DATE: |