

CALIFORNIA TEACHERS ASSOCIATION DECLARATION OF CANDIDACY – MULTIPLE SOL-1 FOR STATE COUNCIL ALTERNATE

This form must be returned (received, not postmarked) to the Redwood Service Center Council at 4300 Redwood Hwy. Ste 200, San Rafael CA 94903, by 4:30 p.m., Friday, March 31, 2017. The information on this form will be used for Governance Records and will be kept confidential.

| Please p | rint: | | | | |
|----------------------|--|------------------------|------------------------------------|---|--|
| Name | | | Personal email | | |
| | (Please print name as you wish it to appea | r on the ballot.) | (Email address must n | ot reference any association name, leadership position or school) | |
| Home address | | | School Name | | |
| City and Zip | | | School Address | | |
| Home Phone | | | City and Zip | | |
| Cell Phone | | | School Phone | | |
| CTA (Alte | ate for (please check box to State Council Alternate – M ernate Term from June 26, 2 nember of | IULTIPLE SOL-1 | | | |
| _ | rnia Teachers Association | | National Education Association and | | |
| Chapter: | | | CTA/NEA Member ID #: | | |
| | l District: | | | | |
| Ethnicity | | | /Alaska Native | Asian/Pacific Islander | |
| , | Caucasian | 🗆 Hispanic | , | ☐ Other: | |
| Gender: | | □ Male | | | |
| I underst | | | presentative shall | be to perform the following duties: | |
| a. b. c. d. | Regularly attend all meetings of the State Council of Education. Participate actively in the work of committees to which he/she is assigned. Become informed on professional and educational matters in the chapter(s) or organization represented and be prepared to make appropriate presentation of recommendations originating in the chapter(s). Report regularly to his/her chapter(s) regarding the deliberations and actions of the State Council of Education. | | | | |
| e. | Attend and participate in the meetings and activities of the Service Center Council of which his/her chapter is a part. | | | | |
| f. | Perform such duties as may be assigned to representatives by action of the State Council of Education. | | | | |
| I have su | Ibmitted a campaign stateme | nt on the reverse side | of this form. | | |
| Date | | Signed | | | |

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO ENSURE THAT THIS DOCUMENT IS RECEIVED BY THE DUE DATE AND TIME.

CANDIDATE STATEMENT

Please use the following campaign statement/biographical sketch on the flyer that accompanies the ballot. I understand that only the **first thirty (30)** words will be used, but a reference to ethnic minority identification will not be counted in the limitation of words.

Please print name as you wish it to appear on ballot:

| Statement limite | ed to 30 words: |
|------------------|---|
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| | |
| Date | Signed |
| | DECLARATION OF CANDIDACY FORMS |
| | MUST BE <u>RECEIVED</u> BY 4:30 P.M. ON |
| | FRIDAY, MARCH 31, 2017 |
| | CTA/RSCC ELECTIONS CHAIR |
| | MULTIPLE GROUP SOL-1 ELECTION |
| | 4300 REDWOOD HWY. STE. 200 |
| | SAN RAFAEL CA 94903 |
| | |
| | FX: 415.479.6435 |

Acknowledgement will be mailed to candidate within 3 days of receipt of Declaration of Candidacy form.