

OSBA Board of Directors CANDIDATE QUESTIONNAIRE

Name: _____

Date: _____

Address: _____

City/Zip: _____

Business phone: _____

Residence phone: _____

Cell phone: _____

E-mail: _____

District/ESD/CC: _____

Term expires: _____ Years on board: _____

Region: _____



Position #: _____

I certify that if elected I will faithfully serve as a member of the OSBA Board of Directors. My nomination form has been submitted to OSBA (or is attached to this document) as evidence.

Jennifer Parker

Name

Date

Be brief; please limit your responses to 50 words per question.

1. Describe in your own words the mission and goals of OSBA.

2. What do you want to accomplish by serving on the OSBA board of directors?

3. What leadership skills do you believe you bring to the board of directors? Give an example of a situation in which you demonstrated these skills.

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4. What do you see as the two most challenging issues faced by OSBA?

5. What do you see as the two most challenging issues faced by your region?

6. What is your plan for communicating with boards in your region?

Please continue to the next section.

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CANDIDATE PERSONAL/PROFESSIONAL RESUME

Work or service performed for OSBA or local district (include committee name and if you were chair):

Other education board positions held/dates:

Occupation (Include at least the past five years):

Employers:

Dates:

Schools attended (Include official name of school, where and when):

High school:

College:

Degrees earned:

Education honors and/or awards:

Other applicable training or education:

Activities, other state and local community services:

Hobbies/special interests:

Business/professional/civic group memberships; offices held and dates:

Additional comments: