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## NOMINATIONS FOR 2019 CENTRAL STATES CONFERENCE BOARD POSITION

In 2019 one new Director will be elected to the CSCTFL Board for a four-year term. If you have suggestions for candidates for this position, which requires an energetic, dedicated and creative second language educator, please complete the form below. Candidates for this position must live in the CSCTFL region and have previous experience in CSCTFL conference planning or as a participant in CSCTFL programs and activities. Incomplete nomination forms will not be considered.

**The Nominee:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

I recommend this person for: \_\_\_\_\_ Board of Directors

**Has the person:**

- attended CSCTFL conferences?                    \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_
- presented a session or workshop at CSCTFL?    \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_
- published his or her work in a CSCTFL Report?   \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_
- served on a CSCTFL local arrangements committee? \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_
- served on a CSCTFL committee?                    \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_
- served CSCTFL in another capacity?                \_\_\_ No    \_\_\_ Yes (explain): \_\_\_\_\_

Is this person currently a member of the CSCTFL Advisory Council?    No \_\_\_ Yes \_\_\_

Has the individual consented to having his/her name placed in nomination?    No \_\_\_ Yes \_\_\_

Why do you think this person is qualified for the position? (Continue on reverse side if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Nominator:**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you currently a member of the CSCTFL Advisory Council?    Yes \_\_\_ No \_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to Jill Woerner, CSCTFL Nominating Committee Chair, by October 1, 2018.**