**BIOGRAPHICAL INFORMATION AND CONSENT TO SERVE FORM**

**Deadline: July 15** *of the year in which election takes place*

*Please provide your preferred contact information:*

|  |  |
| --- | --- |
| Name: | APTA Member #: |
| Address: | E-mail: |
|  | Contact Phone #: |

Please **check** one box for each position for which you consent to serve and be slated as a candidate for election. ***By consenting, you agree that your consent and name may be published as a candidate for a Home Health Section elected office.***

|  |  |  |
| --- | --- | --- |
| **OFFICE** | **I CONSENT** | **I DO NOT CONSENT** |
| PRESIDENT |  |  |
| VICE PRESIDENT |  |  |
| SECRETARY |  |  |
| TREASURER |  |  |
| NOMINATING COMMITTEE |  |  |

Duties of the above positions are described in the Home Health Section Bylaws and the relevant Section job description. It is expected that elected Home Health Section leaders will not be restricted by their employment responsibilities from attending, and be willing to attend, Section Board and Business meetings when required by their leadership roles. By signing below, you affirm that you meet the eligibility requirements of this office as stated in the [Section Bylaws](http://www.homehealthsection.org/?page=8).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Electronic signatures will be accepted.)*

**CANDIDATE INFORMATION & STATEMENT**

The following information is collected for the purpose of providing candidate details to Home Health Section members prior to and during elections. All or portions of the information you provide below may be published in the ***The Quarterly Report*** and on the Section website.

In addition to the information below, please provide a photograph of yourself (candid shots are fine) in jpeg format. This may be e-mailed in an attachment to [RLCHILDERS@homehealthsection.org](mailto:RLCHILDERS@homehealthsection.org).

|  |  |
| --- | --- |
| **Info Needed** | **Type Your Response / Statement in This Column.**  *Use as much space as needed.* |
| **Current Professional Position** *(1-2 lines/sentences)* |  |
| **Education** *(1-2 lines/sentences on your credentials)* |  |
| **Service Involvement** *(describe any service experience you have with APTA, its components, or related organizations)* |  |
| **Brief Biographical Statement** *(1-3 paragraphs about yourself)* |  |
| **Candidate Statement** *(max of 250 words) – use this statement as an opportunity to tell members what you think they need to know about your candidacy (your history with the Section, current involvement, why and how you think your service will benefit the Section, its members, and the profession)* |  |

Please return this form with your responses to the Home Health Section office by email attachment to [RLCHILDERS@homehealthsection.org](mailto:RLCHILDERS@homehealthsection.org)

***Thank you for your willingness to serve the members of the Home Health Section.***