



California State Foster Parent Association, Inc.
Representing all California Resource Families
"To Touch A Life Forever"

CSFPA OFFICER NOMINATION FORM

For the term of: January 2020 through December 2022

For the office of:

_____ **Secretary**

_____ **Treasurer**

_____ **North Coastal Region Vice President**

Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo,
Santa Clara, Santa Cruz, Solano and Sonoma

_____ **Valley Region Vice President**

Fresno, Inyo, Kern, Kings, Madera, San Luis Obispo, Santa Barbara, Tulare and Ventura

Individual Being Nominated:

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Chapter Name: _____ Chapter Number: _____

Region: _____

Number of State CSFPA meetings attended in the last two years? _____

If attendance is based on regional meetings, name of person who can verify regional meeting.

Contact: _____ Phone Number: _____

Local county licensing or certifying agency who will verify that the nominee is in good standing and open for placements:

Name: _____ Phone Number: _____

Statement of Acceptance:

Should I be elected to the position for which I was nominated,

I accept the position of _____

_____ Date: _____

(Signature of Nominee)

Please attach a resume and an article of introduction on a separate sheet of paper. (Note: Not all members of the Association in your region will know you. Therefore, it is advisable that you provide additional information about yourself, as you feel appropriate, including your goals for the position and/or the Association. You may want to include such information as:

- Number of years as a foster parent and number of children currently in placement
- Past/Current positions held in local and state foster parent association(s)
- Education (high school, college, special foster parent related training)
- Past/Current positions held on other associations (social, civil, volunteer, etc.)
- Social Achievements/Awards Received
- Other information you think may be important for the voters to know

Individual making nomination:

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Chapter Name: _____ Chapter Number: _____

Signature: _____ Date: _____

Nominations by mail must be received by July 1, 2019

Mail nominations to:

**Terry Haines, Nomination Chair
PO Box 1072
Yreka, CA 96097**

Nominations may also be turned in at the quarterly board meeting on July 19, 2019

Please make a separate copy for each person you wish to nominate.