

## 2019 Regional COUNTY Delegate Assembly Candidate Biographical Sketch

### Form DUE: Monday, January 7, 2019

Mail to: CSBA | Attn: Executive Office | 3251 Beacon Blvd., West Sacramento, CA 95691 | fax: (916) 371-3407 | or email: [nominations@csba.org](mailto:nominations@csba.org).

Please complete, sign and date this required one-page candidate biographical sketch form. An optional, one-page, single-sided, résumé may also be submitted; both will be copied exactly as received. Please do not state “see résumé” and please do not re-type this form. Any additional page(s) exceeding this one-page candidate form will **not** be accepted. It is the candidate’s responsibility to confirm that all nomination materials have been received by the CSBA Executive Office. Late submissions will not be accepted. If you have any questions, please contact the Executive Office at (800) 266-3382.

*Your signature indicates your consent to have your name placed on the ballot and, if elected, to serve as County Delegate and as a member on the CCBE’s Board of Directors.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ CSBA Region-subregion #: \_\_\_\_\_

COE: \_\_\_\_\_ Years on board: \_\_\_\_\_

Profession: \_\_\_\_\_ Contact Number: (please  Cell  Home  Bus.) \_\_\_\_\_

\*Primary E-mail: \_\_\_\_\_

(\*Communications from CSBA will be sent to primary email)

Are you a continuing Delegate?  Yes  No If yes, how long have you served as a Delegate? \_\_\_\_\_

**Why are you interested in becoming a CSBA County Regional Delegate? Please describe the skills and experiences you would bring to the Delegate Assembly.**

**Please describe your activities and involvement on your local board, community, and/or CSBA.**

**What do you see as the biggest challenge facing governing boards and how can CSBA help address it?**