



Association for Career and Technical Education of Arizona

# *Election Guidelines & Application Materials*

**Treasurer**

# ACTEAZ Officer Election Guidelines

*All candidates for ACTEAZ Treasurer must meet the following criteria and follow the guidelines as set forth in the ACTEAZ Bylaws and the Board Policy and Procedures Manual.*

## Eligibility and Term of Office

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The Executive Officers for ACTEAZ shall be elected from the ACTEAZ State membership. They will be selected on the basis of demonstrated leadership in career and technical education. The Treasurer shall serve a two-year term beginning July 1 following election.

## Process of Nomination

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The procedure for selecting the Treasurer candidates shall be determined by the Nominating Committee. The Nominating Committee shall then present two candidates (if possible) for the election ballot.

## Method of Election

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- Officers of ACTEAZ shall be elected by electronic ballot as determined by the Nominating Committee.
- Candidates and their supporters are prohibited from distributing any printed campaign materials and organized campaign efforts such as telephone banks are strictly prohibited. Any candidate or a supporter of a candidate may speak personally to any other individual and ask for that person's support in the election. ACTEAZ will send out electronic write-ups on each candidate. Failure to comply with these requirements may result in disqualification. The Executive Committee of the ACTEAZ Board of Directors shall be charged with the responsibility of deciding whether to disqualify a candidate when a violation is reported. In case of a tie vote of two or more nominees, a runoff election will be conducted between the two candidates with the most votes. Final results will be reported to the ACTEAZ Board of Directors by May 31st.
- If at any time during the election process a candidate for office withdraws or is disqualified, the Nominating Committee will continue with the election if there is a candidate for that position on the ballot.

# ACTEAZ Officer Election Criteria

## Treasurer Criteria

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- The nominee shall be a person who is recognized as a leader of ACTEAZ and who will be fair to all components of career and technical education.
- The nominee shall be an ACTEAZ member in good standing.
- The nominee shall be a person who will use the office of Treasurer to promote ACTEAZ and its programs instead of an individual who will use the office solely for the purpose of promoting his/her own professional interests. The office of Treasurer of ACTEAZ shall go only to those who have a sincere and genuine interest in furthering the development and improvement of career and technical education through ACTEAZ activities.
- The nominee shall be able to take sufficient time off when necessary to attend to the duties of Treasurer of ACTEAZ during his/her term of office. The nominee shall present written assurance from his/her employer of willingness to release him/her to attend needed functions of the Board.

## Treasurer Duties

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- Maintain an accurate financial record of the Association.
- Be responsible for the preparation of an annual budget.
- Present an itemized electronic statement of disbursements, payables, receivables and balances at each meeting of the Board of Directors. Receipts will be available for inspection upon request.
- Oversee Association financial records and submit them for the annual audit review by committee or tax accountant.
- Be advised of, and oversee, State and Federal reports required.
- Chair Scholarship Committee.
- Perform duties assigned by the President or the Executive Committee.

# ACTEAZ Officer Election Application

## Required Materials

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*The following forms must be included in your application:*

- Nomination Form
- Biographical Information Form
- Platform Statement - Why you wish to be ACTEAZ Treasurer *(Please limit to 300 words)*
- Support Letter from Employer
- Support Letter from Colleague
- Photograph/Headshot *(Hi-res .jpg 300dpi)*

## Application Deadline

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All required materials will need to be completed and received electronically at [elections@acteaz.org](mailto:elections@acteaz.org) by April 20th, 2018.

If you have any questions, please call Curt Bertelsen at (520) 209 - 1839.

# ACTEAZ Officer Election Nomination Form

## **Personal Information**

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Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

## **Employment Information**

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Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Work Email: \_\_\_\_\_

Contact Preference:                      Home Phone                      Mobile Phone                      Work Phone

## **Candidate Agreement**

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The commitments required for participation in the Election process are described in this application. Your signature below will indicate that you have read and agree with the two-year commitment to lead and grow ACTEAZ.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **CTE Director, Occupational Dean or JTED Superintendent Agreement**

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The CTE Director / Occupational Dean or Superintendent is being asked to support costs for ten to twelve release days. The Local School District will also contribute financially to sponsor local, state, and national travel costs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# ACTEAZ Officer Election Biographical Information

## Personal Information

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Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

## Employment History

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Please list your last three employers including your current employer.

Employer's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

## ACTEAZ Involvement

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Please list any activities you participated in within your state association.

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

# ACTEAZ Officer Election Biographical Information

## **Affiliate Involvement**

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Please list any activities you participated in within your affiliate association.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____

## **Region V Involvement**

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Please list any activities you participated in within your region.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____

## **Other CTE Activities Involvement**

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Please list any other CTE related activities you participated in.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____