



Illinois, Lambda State Organization

2019-2021

Official Form for Recommendation of Lambda State Elected Positions

Deadline: November 20, 2018

Use added sheets as needed. Letters of support for candidates are permitted.

Recommendations for the position of (Check **one** only)

<input type="checkbox"/> <i>President</i>	<i>Elected</i>	<input type="checkbox"/> <i>Nominations Committee</i>	<i>Elected</i>
<input type="checkbox"/> <i>First Vice-President</i>	<i>Elected</i>	<input type="checkbox"/> <i>Lambda State Foundation for Educational Studies</i>	<i>Elected</i>
<input type="checkbox"/> <i>Second Vice-President</i>	<i>Elected</i>		
<input type="checkbox"/> <i>Recording Secretary</i>	<i>Elected</i>		
<input type="checkbox"/> <i>Corresponding Secretary</i>	<i>Elected</i>		

Personal Information

Nominee (Dr., Mrs., Ms., Miss) _____

Address _____
Street City State Zip

Preferred Phone (include area code) _____

E-mail _____

Chapter _____ Area Number _____ Year of Initiation _____

Delta Kappa Gamma Experience—Office(s) Chairmanship(s), Member of Committee(s) (Include dates/number of years serving in that position)

Chapter _____

State _____

Regional/International _____

Delta Kappa Gamma State or International Awards, Scholarships, Grants _____

Attendance at State, Regional, International Conventions/Conferences (Include dates)

State Conventions: _____

Regional Conferences: _____

International Conventions: _____

Academic Background (Include degrees, dates, and colleges/universities)

Years of Teaching Experience _____

Present Position _____

Years in this position _____ Place of Employment _____

List All Teaching Positions (and dates) _____

Teaching Awards, Grants, and Special Recognition

Professional and Leadership Skills (Include offices held in professional and community organizations, special skills exhibited in working with organizations and in professional career, workshops presented, etc. Use a separate sheet of paper as necessary.)

Personal Characteristics (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accepts challenges | <input type="checkbox"/> Demonstrates leadership skills | <input type="checkbox"/> Organizes work well |
| <input type="checkbox"/> Attends to detail | <input type="checkbox"/> Is readily accessible | <input type="checkbox"/> Communicates well |
| <input type="checkbox"/> Exhibits a high energy level | | |
| <input type="checkbox"/> Demonstrates a positive, friendly disposition | | |
| <input type="checkbox"/> Delegates work well and permits others to have freedom to create and execute plans | | |
| <input type="checkbox"/> Works well with different personality types | | |
| <input type="checkbox"/> Maintains high standards while also demonstrating tact and understanding of others | | |
| <input type="checkbox"/> Demonstrates commitment to the Purposes of the Society | | |
| <input type="checkbox"/> Expects to guide and share in the development and implementation of plans | | |

Check the appropriate response(s) below:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nominee has consented for her name & qualifications to be submitted. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nominee is willing to accept a different position. Which? _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chapter president or individual member designee has been asked to write a letter of support. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | This person is a nominee for an elected position. <u>Her picture is enclosed.</u> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | This person is a nominee for an elected position. <u>She has enclosed a brief discussion</u> (100 words or fewer) about the impact of Delta Kappa Gamma in her life. |

Recommendation (to be completed by chapter president or individual member designee) On a separate sheet of paper and in 100 words or fewer, state why this woman would be a valuable addition to the Lambda State team. Please be as specific as possible.

Submitted by: _____ **Individual Member** _____ **Chapter President**

Name _____ Chapter _____ Position _____

Address _____

Street

City

State

Zip

Preferred Telephone _____ E-mail _____

Please send your completed recommendation form **postmarked on or before November 20, 2018**, to the Lambda State Nominations Committee Chair by e-mail or postal mail:

Sylvia Olson, 8 Oakwood Rd, Indian Creek, IL 60061-2708, nominations.lambda.ilstate@gmail.com