

**ALPHA EPSILON NOMINATIONS/PERSONNEL COMMITTEE
GUIDELINES FOR RECOMMENDATIONS**

1. The name of a member may be submitted for nominations for any state elective position by an individual member or a chapter. Permission of that member must be secured before she is recommended for nomination.
2. An official "Recommendation Form for Nominations" must be completed for each person recommended.
3. The Recommendation Form may be supplemented by Endorsement Forms (chapter, professional, or personal) for the candidate.
4. The recommendation and endorsements will be due on or before September 15, 2014.
5. The Nominations/Personnel Committee recommends the following qualifications:
 - a. The state officers should:
 - (1) Have state committee experience
 - (2) Have some familiarity with the work of the state organization executive board
 - (3) Have attended state, regional, and International meetings
 - (4) Have interest in and time for the position
 - (5) Have organizational ability and the ability to delegate
 - (6) Be able to speak well and communicate effectively
 - b. The state president should, in addition, have served as a chapter president
 - c. Nominations/Personnel Committee members should have had some experiences at the state level.

NOMINATIONS

Alpha Epsilon State Nominations/Personnel Committee is now accepting nominations for the 2015-2017 biennium. The election will be held at the State Convention in March 2015.

The following state offices are open for nominations from members and chapters:

President

First Vice President

Second Vice President

Secretary

Nominations Committee members from:

Northwest Area (Councils 1,2, and 4),

Central Area (Councils 7, 8, and 11),

and Southeast Area (Councils 9 and 13).

The official nominations form, which follows, shall be used in presenting these nominations. It can also be downloaded from the state web site www.deltakappagamma.org/IN/ . Nominations forms must be received prior to September 15, 2014, to be considered. Please send the completed form to:

Carolyn Borchardt

1049-169th Place

Hammond, IN 46324-2016

The Nominations/Personnel Committee will meet to consider all applications and form a slate of officers. Nominees will be informed of the committee's decision by Mail following the completion of their work. The slate will be presented to the membership in the December 2014 *Hoosier Newsette*.

Nominations/Personnel Committee:

Madaline Mount, Alpha Theta

Janice Redenbarger, Delta

Barbara Shirden, Kappa

Carolyn Borchardt, Sigma

Sharon Herr, Chi

April 2014

**ALPHA EPSILON STATE
DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

Official Recommendation Form for Nominations 2015-2017

_____ President _____ First Vice President _____ Second Vice President
_____ Secretary _____ Nominations/Personnel Committee

Name of Nominee: _____

Home Address: _____

Work Address: _____

Telephone: (H) _____ (W) _____

Email Address: _____

Chapter: _____ Year Initiated: _____

Delta Kappa Gamma Experiences (offices, chairmanship, committee member) Include dates please.

Chapter:

State:

Regional/International:

Delta Kappa Gamma State or International Awards, Scholarships, and/or Grants received:

State, Regional, International Convention/Conferences attended including dates or years:

State: _____

Regional: _____

International: _____

Community Service (civic, religious, service clubs, etc.):

Academic Background (include college/university, degrees, dates):

Years of teaching: _____ Present position: _____ If retired, when: _____

Place of employment: _____ Years in present position: _____

Teaching Awards, Grants, and special recognitions: _____

What are the personal and professional traits this person possesses that qualify her for a position?

Respond yes or no to the following questions please:

Nominee has consented for her name and qualifications to be submitted. _____

Nominee is willing to accept a different position. _____

A recent snapshot or picture of nominee is enclosed. _____

Chapter of nominee has been asked to write a letter of support for nominee. _____

Submitted by:

Name: _____ Chapter: _____ Position: _____

Address: _____

Telephone: _____ Email: _____

Mail completed nominations form by September 15, 2014, to: Carolyn Borchardt, 1049-169th Place, Hammond, IN 46324-2016 or email: cborc86914@aol.com

**ALPHA EPSILON STATE
ENDORSEMENT FORM**

1. Complete this form using this side only. Do not attach additional materials or pages.
2. Mail the completed form to:
Carolyn Borchardt
1049-169th Place
Hammond, IN 46324-2016
3. Copies must be received prior to September 15, 2014.

Name of candidate: _____

Chapter: _____ Initiation Date: _____

Recommended for (position): _____

Based on your personal and/or professional knowledge of this candidate, list the specific skills and personal qualities the individual would bring to this particular office in 50-100 words.

Endorser's Name (printed): _____ Chapter: _____

Address: _____

Position in Delta Kappa Gamma: _____

Signature: _____

