

**School Nutrition Association of North Carolina
Candidate Data for Board Officer**

Board Office of Interest: _____

Personal

Name: _____

Home Address: _____

Telephone: Work: _____ Home: _____ Cell: _____
Area Code Area Code Area Code

Current Position: _____

School Unit: _____

E-mail: _____

Professional Requirement Qualifications

* SNA-NC beginning membership date: _____

* SNA Certified/Credentialed: Yes _____ No _____

Note: All candidates must be SNA certified or SNS credentialed.

* Chapter Name: _____ District: _____

* Vice President candidates must have served on the Board of Directors, served on a state committee or advisory board within the past three years, and been a member for the three years preceding the nomination. If that is applicable, please indicate years and position:

List any previous SNA-NC committees, other duties or offices, or Board involvement.

Describe the most important contribution you have made toward the success of your local chapter (SNA-NC).

Director/supervisor signature of approval: _____

Please email completed form to Leadership Development Chair and Executive Director.

Fred Gilbert, Leadership Development/Awards Chair

Phone: 704-621-1971

Email: frederick.gilbert@cms.k12.nc.us

AND

Dawn Roth, Executive Director

Phone: 888-204-8204

Email: jbdfroth@aol.com