**School Nutrition Association of North Carolina**

**Candidate Data for Office Nomination**

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| --- | --- |
| Candidacy Requested Office: |  |

**Personal**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | |
| Home Address: | | | |  | | | | | | | |
| Telephone- Work: | | | | | |  | Home: |  | Cell: |  | |
|  | | | | | | Area Code |  | Area Code |  | Area Code | |
| Current Position: | | | | |  | | | | | | |
| School Unit: | | |  | | | | | | | | |
| Email: | |  | | | | | | | | |

**Professional Requirement Qualifications**

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| \* | SNA-NC beginning membership date: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* | | SNA Certified? Yes | |  | No |  | SNA Credentialed? Yes |  | No | |  | |
|  | | **Note: All candidates must be SNA certified or SNS credentialed.** | | | | | | | | | | |
| \* | | Chapter Name: | |  | | | | | | | District: | |  |

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| --- | --- | --- |
| \* | Vice President candidates must have served on the Board of Directors. If that is | |
|  | applicable, please indicate years and position(s): |  |
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| If you are selected by the Board of Directors to be a candidate, you will need to write your biography for the ***ARROW***. Please use additional paper as needed.  List any previous SNA-NC committees, other duties or offices or Board involvement. |
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| Describe the most important contribution you have made toward the success of your local chapter (SNA-NC). |
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| Director/supervisor signature of approval: |  |

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

The Leadership Development/Awards Chair for 2024-2025 is:

Janet Johnson, Leadership Development/Awards Chair

Phone: 984.236.2912 (w) Email: Janet.williamsjohnson@dpi.nc.gov

AND

Dawn Roth, Executive Director

Phone: 888.204.8204 Email: jbdfroth@aol.com