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| --- | --- |
| **Application Questions** | **Enter Answers In This Column** |
| Regional Management Team (RMT) Coordinator Position (Specify Coordinator position(s) of interest): |  |
| Name: |  |
| Chapter: |  |
| Region: |  |
| Address, City, State, Province, Zip/Postal Code, Country: |  |
| Email address: |  |
| Preferred phone number for contact: |  |
| Best day of the week & time of day to contact you via phone: |  |
| Time Zone (e.g. Central, Western European, Australia Eastern, etc.): |  |
| **Educational Data** |
| Are you a high school graduate? |  |
| Did you attend college/university? |  |
| Number of years in college/university: |  |
| College/university major: |  |
| List all degrees earned (including focus of study), beginning with the most recent: |  |
| List other noteworthy educational experiences or training: |  |
| Briefly describe your leadership experience and/or development (other than Sweet Adelines): |  |
| **Employment Data** |
| Serving as a Coordinator on a Regional Management Team will require occasional travel. Will you be willing and able to meet these requirements? Please explain: |  |
| Are you currently employed (please specify full-time or part-time): |  |
| List your occupation(s) and work experience, beginning with the most recent employment: |  |
| Briefly describe noteworthy volunteer experience beyond Sweet Adelines International, particularly as it relates to roles and functions of the Regional Management Team (participation in other organizations, leadership positions, etc.): |  |
| **Sweet Adelines International Membership, Service, and activity data** |
| What year and chapter did you first join? |  |
| List other chapter affiliations since that time and reason for transfer: |  |
| List Chapter positions held, dates, name of chapter(s): |  |
| List Regional positions held, dates, region number(s): |  |
| List International positions and/or committees/task forces on which you have served and dates: |  |
| List International programs/certifications **and level** (for example, International Judging Program, International Faculty Program, Director Certification Program, Arranger Certification Program) |  |
| List other contributions (for example, conducting and/or participating in regional education classes, etc.): |  |
| Please list the specific year(s) in which you have attended international convention: |  |
| Please list the year and the International/Regional Education Events you have attended: |  |
| Please list the specific year(s) you have attended Regional Competition and your role (for example, chorus or quartet competitor, regional position, audience member, etc.): |  |
| **Regional Management Team members must possess initiative, insight, and communication skills. With this in mind, please responD to the following:** |
| Please list three to five specific areas of expertise or specialty that you would bring as a member of the Regional Management Team and provide examples of how you have demonstrated this within your chapter or the region: |  |
| What is your vision for the Region? |  |
| Describe specific qualities you possess that you believe will make you an effective Regional Management Team Coordinator and member of the Regional Management Team (50 words or less): |  |
| Please describe why you would like to serve in this position (50 words or less): |  |
|  |
|  |  |
| **REFERENCES**List three **NON-FAMILY** Sweet Adeline member references below: (Other leaders in your region may be contacted if they are not listed as references.) |
| **Name** |  |
| Phone number |  |
| Email address |  |
| **Name** |  |
| Phone number |  |
| Email address |  |
| **Name** |  |
| Phone number |  |
| Email address |  |
|  |  |
| **RELEASE**By submitting this release, I hereby grant permission to any and all individuals and organizations who provide information to the Region (or its Nominating Committee) in good faith and without malice concerning my competence, ethics, character, and other qualifications, and I hereby consent to the release of such information. A photocopy of this release is as valid as the original. |
| Applicant Name: |  |
| Date: |  |

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***This form must be received by the Regional Nominating Chair by January 26 ,2024.***

***Send to:***

*Mary Connelly*

**mmconnellysos@gmail.com**