



WTS CENTRAL FLORIDA LEADERSHIP APPLICATION

This leadership application is a request for your name to be added to the ballot for the WTS Central Florida Chapter Board of Directors.

BOARD OF DIRECTORS POSITION SOUGHT

- ☐ President
- ☐ Vice President (responsible for quarterly and annual chapter reports)
- ☐ Secretary (oversees Chairs of Newsletter, Social Media, and Website)
- ☐ Treasurer (oversees Chair of Fundraising)
- ☐ Director of **Advancement** (oversees Chairs of Scholarship, Transportation You, UF & UCF Student Liaisons)
- ☐ Director of **Diversity** (oversees Chairs of Community Relations and Diversity)
- ☐ Director of **Membership** (oversees Chairs of Emerging Professionals, Membership, Professional Development, Recognitions)
- ☐ Director of **Programs** (oversees Chairs of quarterly programs and annual banquet)

APPLICANT'S INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

WTS EXPERIENCE

When did you become a member of WTS: Month: _____ Year: _____

Previous WTS Central Florida service (Check all that apply and attach a complete listing of positions held and dates.)

☐ Officer ☐ Director ☐ Committee Chair ☐ Committee Member

Have you served on a board for another organization? ☐ Yes ☐ No

If yes, what organization(s) and position(s) _____

APPLICANT'S STATEMENT

Attach a statement of your reasons for seeking a position on the WTS Central Florida board of directors. Include the contributions you believe you would be able to make in the position sought and any other information you feel may be useful in evaluating your application (maximum 300 words). **This information will be shared with the ballot for voter's consideration.**

APPLICANT'S ACKNOWLEDGEMENT OF SERVICE EXPECTATIONS

I hereby certify, by placing my name for consideration for the position indicated, that I understand election to the WTS Central Florida board of directors can involve my spending as many as 5-10 hours per month on chapter business. Attendance at all board of director meetings is expected.

I further certify that I have read and agree to support the WTS International's and chapter's mission and goals; I intend to use my talents, experience, and available resources to complement those of the other members of the board; and I will place the needs and interests of WTS above any personal or professional considerations when making decisions as a member of the board.

Applicant's Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

APPLICATIONS MUST BE RECEIVED ON OR BEFORE **Wednesday, October 6, 2021 11:59pm EDT**

Complete this form and attach all supporting information in the form of one PDF document.

E-mail to: WTSCentralFlorida@gmail.com with the subject line **WTSCFL Ballot Application**. An email response will be sent to document receipt.

Questions? Please reach out to Amy Windom at Amy.Windom@Younkins-Windom.com or 407.342.4057.