



Association for Career and Technical Education of Arizona

Election Guidelines & Application Materials

Treasurer

ACTEAZ Officer Election Guidelines

All candidates for ACTEAZ Treasurer must meet the following criteria and follow the guidelines as set forth in the ACTEAZ Bylaws and the Board Policy and Procedures Manual.

Eligibility and Term of Office

The Executive Officers for ACTEAZ shall be elected from the ACTEAZ State membership. They will be selected on the basis of demonstrated leadership in career and technical education. The Treasurer shall serve a two-year term beginning July 1 following election.

Process of Nomination

The procedure for selecting the Treasurer candidates shall be determined by the Nominating Committee. The Nominating Committee shall then present two candidates (if possible) for the election ballot.

Method of Election

- Officers of ACTEAZ shall be elected by electronic ballot as determined by the Nominating Committee.
- Candidates and their supporters are prohibited from distributing any printed campaign materials and organized campaign efforts such as telephone banks are strictly prohibited. Any candidate or a supporter of a candidate may speak personally to any other individual and ask for that person's support in the election. ACTEAZ will send out electronic write-ups on each candidate. Failure to comply with these requirements may result in disqualification. The Executive Committee of the ACTEAZ Board of Directors shall be charged with the responsibility of deciding whether to disqualify a candidate when a violation is reported. In case of a tie vote of two or more nominees, a runoff election will be conducted between the two candidates with the most votes. Final results will be reported to the ACTEAZ Board of Directors by May 31st.
- If at any time during the election process a candidate for office withdraws or is disqualified, the Nominating Committee will continue with the election if there is a candidate for that position on the ballot.

ACTEAZ Officer Election Criteria

Treasurer Criteria

- The nominee shall be a person who is recognized as a leader of ACTEAZ and who will be fair to all components of career and technical education.
- The nominee shall be an ACTEAZ member in good standing.
- The nominee shall be a person who will use the office of Treasurer to promote ACTEAZ and its programs instead of an individual who will use the office solely for the purpose of promoting his/her own professional interests. The office of Treasurer of ACTEAZ shall go only to those who have a sincere and genuine interest in furthering the development and improvement of career and technical education through ACTEAZ activities.
- The nominee shall be able to take sufficient time off when necessary to attend to the duties of Treasurer of ACTEAZ during his/her term of office. The nominee shall present written assurance from his/her employer of willingness to release him/her to attend needed functions of the Board.

Treasurer Duties

- Maintain an accurate financial record of the Association.
- Be responsible for the preparation of an annual budget.
- Present an itemized electronic statement of disbursements, payables, receivables and balances at each meeting of the Board of Directors. Receipts will be available for inspection upon request.
- Oversee Association financial records and submit them for the annual audit review by committee or tax accountant.
- Be advised of, and oversee, State and Federal reports required.
- Chair Scholarship Committee.
- Perform duties assigned by the President or the Executive Committee.

ACTEAZ Officer Election Application

Required Materials

The following forms must be included in your application:

- Nomination Form
- Biographical Information Form
- Platform Statement - Why you wish to be ACTEAZ Treasurer *(Please limit to 300 words)*
- Support Letter from Employer
- Support Letter from Colleague
- Photograph/Headshot *(Hi-res .jpg 300dpi)*

Application Deadline

All required materials will need to be completed and received electronically at elections@acteaz.org by April 18th, 2016.

If you have any questions, please call Julie Stockwell at (623) 738-0005.

ACTEAZ Officer Election Nomination Form

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Home Email: _____

Employment Information

Employer's Name: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax Number: _____

Work Email: _____

Contact Preference: Home Phone Mobile Phone Work Phone

Candidate Agreement

The commitments required for participation in the Election process are described in this application. Your signature below will indicate that you have read and agree with the three-year commitment to lead and grow ACTEAZ.

Signed: _____ Date: _____

CTE Director, Occupational Dean or JTED Superintended Agreement

The CTE Director / Occupational Dean or Superintendent is being asked to support costs for ten to twelve release days. The Local School District will also contribute financially to sponsor local, state, and national travel costs.

Signed: _____ Date: _____

ACTEAZ Officer Election Biographical Information

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Home Email: _____

Employment History

Please list your last three employers including your current employer.

Employer's Name: _____

Position: _____ Dates of Employment: _____

Employer's Name: _____

Position: _____ Dates of Employment: _____

Employer's Name: _____

Position: _____ Dates of Employment: _____

ACTEAZ Involvement

Please list any activities you participated in within your state association.

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

ACTEAZ Officer Election Biographical Information

Affiliate Involvement

Please list any activities you participated in within your affiliate association.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____

Region V Involvement

Please list any activities you participated in within your region.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____

Other CTE Activities Involvement

Please list any other CTE related activities you participated in.

Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____
Activity: _____	Dates of Activity: _____