

***THIS IS A SAMPLE DOCUMENT FOR PRINT AND PRACTICE! THIS IS NOT AN OFFICIAL APPLICATION.

PLEASE COMPLETE THE OFFICIAL APPLICATION AT

https://www.midwife.org/ACNM-Elections***

ACNM 2020 Volunteer Leadership Candidate Consent Form DUE NOVEMBER 15th, 2019 by 5:00PM EST

Thank you for agreeing to be considered as a nominee for office for the 2020 ACNM election. As a nominee, you must carry out the responsibilities of the office as outlined in the <u>ACNM Bylaws</u> which can be viewed on the ACNM Website.

NOTE: ALL APPLICATIONS ARE DUE BY NOVEMBER 15th at 5:00PM, EST

To complete your application to become a nominee, you must submit this form, which includes uploading a photo and CV.

BEST PRACTICES TIPS BEFORE STARTING:

- 1) Visit our Elections Page for official position descriptions and terms.
- 2) View our <u>Sample Application</u> on the website, which is an exact replica of the actual interactive form.
- 3) Prepare your answers in advance on a word document for easy "cut and paste" completion onto the virtual form. You can take as much time as you need with your document before using the online application form.
- 4) If you have questions or edits to your online application, contact Crystal Adams at the ACNM National Office at Cadams@acnm.org.

The names of potential nominees will be held in confidence by the Nominating Committee and should be held in confidence by the nominees themselves until the ballot is released. Nominees must use the name and address shown on ACNM records. By signing next to the appropriate office, I hereby agree to have my name considered by the Nominating Committee on the year 2020 ballot of ACNM. (*if you are interested in more than one office/role, please rank order your interest along with your signature in the box).

For questions, contact Nominating Committee Chair, Venay Uecke at youngmidwife@gmail.com.

REMEMBER! THE DEADLINE FOR ALL APPLICATIONS IS NOVEMBER 15th, 2019 at 5:00 PM, EST!

* 1. Contact Informatio	n	FOR PRINT AND PRACTICE!
1. Contact informatio		THIS IS NOT AN OFFICIAL
Full Name		APPLICATION.
Address		PLEASE COMPLETE THE OFFICIAL
		APPLICATION AT
Address 2		https://www.midwife.org/ACNM-
City/Town		Elections***
State/Province	select state	
ZIP/Postal Code		
Country		
Email Address		
Phone Number		
* 2 What are your deg	ree credentials (as you want them listed	on the hallot)
Zi Timat are year deg	Tee disastitude (de yeu main menu	
* 3. What city and state volunteering.	e are your currently practicing? If retired,	, please state if you are currently consulting or

* 4. I am running for the following office:

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Vice President:

- a. Substitute for the President as needed.
- b. Communicate Board charges to divisions and committees.
- Serve on the Executive Committee, as Chair for the Volunteer Leadership Council and as a liaison to selected groups.
- d. Coordinate with national office staff on work priorities.
- e. Report on issues related to the work of the volunteer structure, internal and external stakeholders.
- f. Respond to ACNM members or related constituent inquiries.
- g. Provide input for documents as requested.
- h. Represent ACNM to agencies and organizations external to ACNM related to the work of ACNM.

Region VII Representative (States: AK, HI, CA, OR, WA, ID, NV)

- a. Communicate Board charges to divisions and committees.
- b. Serve as a liaison to selected groups.
- c. Coordinate with national office staff on work priorities.
- d. Report on issues related to the work of the volunteer structure, internal and external stakeholders.
- e. Respond to ACNM members or related constituent inquiries.
- f. Provide input for documents as requested.
- g. Represent ACNM to agencies and organizations external to ACNM related to the work of ACNM.

Also:

 a. Maintain regular contact with their local members to assess the needs of local members and to consider the good of the organization in all their votes; report quarterly to ACNM Board

Serve as liaisons to ACNM Divisions, Committees and collegial organizations.

- b. Conduct a regional meeting during the ACNM Annual Meeting and may attend/organize other meetings throughout their region.
- c. Contribute to Quickening, present the Exemplary Affiliate Award, coordinate the "With women, for a lifetime" commendation and communicate on a regular basis with members of their region.
- d. Adhere to all terms concerning members of the Board.

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Region IV Representative (States: AR, MO, IL, IN, OH, KY, MI)

- Communicate Board charges to divisions and committees.
- b. Serve as a liaison to selected groups.
- c. Coordinate with national office staff on work priorities.
- d. Report on issues related to the work of the volunteer structure, internal and external stakeholders.
- e. Respond to ACNM members or related constituent inquiries.
- f. Provide input for documents as requested.
- g. Represent ACNM to agencies and organizations external to ACNM related to the work of ACNM.

Also:

 Maintain regular contact with their local members to assess the needs of local members and to consider the good of the organization in all their votes; report quarterly to ACNM Board

Serve as liaisons to ACNM Divisions, Committees and collegial organizations.

- b. Conduct a regional meeting during the ACNM Annual Meeting and may attend/organize other meetings throughout their region.
- c. Contribute to Quickening, present the Exemplary Affiliate Award, coordinate the "With women, for a lifetime" commendation and communicate on a regular basis with members of their region.
- d. Adhere to all terms concerning members of the Board.

Nominating Committee

- a. Is comprised of six members voted by eligible voters.
- b. Facilitates identification and evaluation of eligible college members to fill vacancies on ACNM Board (i.e. the President Elect).
- c. No collaboration between the committee and Board currently exists.
- d. Chairperson must be a member who has served at least one (1) year.
- e. Members serve a three (3) year term for a total of two (2) consecutive terms.
- f. Two (2) committee members are elected each year.
- g. Current Nominating Committee members are not eligible for any open Board position.

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	Region VI Representative (States: TX, NM, AZ, UT, CO,	
	WY, MT)	
	a. Communicate Board charges to divisions and committees.	
	b. Serve as a liaison to selected groups.	
	c. Coordinate with national office staff on work priorities.	
	d. Report on issues related to the work of the volunteer structure, internal and external stakeholders.	
	e. Respond to ACNM members or related constituent inquiries.	
	f. Provide input for documents as requested.	
	g. Represent ACNM to agencies and organizations external to ACNM related to the work of ACNM.	***THIS IS A SAMPLE DOCUMENT FOR PRINT AND
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	Serve as liaisons to ACNM Divisions, Committees and collegial organizations.	OFFICIAL APPLICATION AT https:// www.midwife.org/ACNM-
	b. Conduct a regional meeting during the ACNM Annual Meeting and may attend/organize other meetings throughout their region.	Elections***
	c. Contribute to Quickening, present the Exemplary Affiliate Award, coordinate the "With women, for a lifetime" commendation and communicate on a regular basis with members of their region.	
	d. Adhere to all terms concerning members of the Board.	
*51	Jpload your resume or CV.	
	Choose File No file chosen	
* 6. l	Jpload the photo you wish be placed on the ballot and m	media promotions.
	Choose File No file chosen	
	Biographical Sketch- Copy and paste your bio in the box no more than 300 words and must speak to your experi	•

* 8. Ballot Question 1: What makes you interested in this position? Why are you running for this office?
* 9. Ballot Question 2: Visit ACNM's Strategic Plan <u>HERE</u> . What part of the strategic plan embodies your personal philosophy?
* 10. Ballot Question 3: What ideas do you have for enhancing diversity and inclusion?
* 11. Ballot Question 4: What innovation or improvement would you bring to ACNM?
11. Ballot Question 4. What illinovation of improvement would you bring to Norwi.
* 12. I affirm that all materials submitted by me are complete and accurate to the best of my knowledge, an that I am currently an active member of the ACNM and have maintained my certification as outlined by
AMCB. I further affirm to the Leadership Code of Ethics and the ACNM Governance Policies as found HERE. Typing my full name in the comment box serves as my signature affirming the above.

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