OSBA Board of Directors CANDIDATE QUESTIONNAIRE

Name:	Date:
Address:	XXXXX
Business phone:	
Residence phone:	*
Cell phone:	
E-mail:	
District/ESD/CC:	
Term expires: Years on board:	
Region:	Position #:
I certify that if elected I will faithfully serve as a member of the C	SBA Board of Directors. My nomination form has been
Name Be brief; please limit your responses	Date to 50 words per question.
Describe in your own words the mission and goals of OSBA.	
2. What do you want to accomplish by serving on the OSBA board	I of directors?
3. What leadership skills do you believe you bring to the board of you demonstrated these skills.	of directors? Give an example of a situation in which

OSBA Board of Directors

4.	What do you see as the two most challenging issues faced by OSBA?
5.	What do you see as the two most challenging issues faced by your region?
6.	What is your plan for communicating with boards in your region?
	Please continue to the next section.

OSBA Board of Directors CANDIDATE PERSONAL/PROFESSIONAL RESUME

Work or service performed for OSBA or local district (include committee name and if you were chair):

Other education board positions held/dates:	
Occupation (Include at least the past five years): Employers:	Dates:
Schools attended (Include official name of school, where and when High school: College: Degrees earned:	n):
Education honors and/or awards:	
Other applicable training or education:	
Activities, other state and local community services:	
Hobbies/special interests:	
Business/professional/civic group memberships; offices held a	nd dates:
Additional comments:	