



*The Association of Correctional Food Service Affiliates*  
**2015 OFFICER NOMINATION FORM**

**VICE PRESIDENT-ELECT/TREASURER • SECRETARY**

**REGION II DIRECTOR • REGION IV DIRECTOR**

I/We Nominate \_\_\_\_\_

as a candidate for the office of \_\_\_\_\_

***THE CANDIDATE HAS READ THE JOB DESCRIPTION FOR WHICH THE INDIVIDUAL HAS APPLIED  
AND IS WILLING TO ACCEPT THESE RESPONSIBILITIES UPON ELECTION.***

Candidate's Name \_\_\_\_\_

Candidate's Title \_\_\_\_\_

Agency/Institution Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

**QUALIFICATIONS**

**For Vice President-Elect/Treasurer - Currently a member of ACFSA in Good Standing for three (3) years?**

YES  NO

**For Regional Director - Currently a member of ACFSA in Good Standing for one (1) year?**

YES  NO

**DATE JOINED (Month and Year) \_\_\_\_\_**

**OFFICES HELD**

**International Board of Directors:** OFFICE(S) HELD \_\_\_\_\_ YEAR(S) \_\_\_\_\_

**Chapter Office:** CHAPTER \_\_\_\_\_ OFFICE(S) HELD \_\_\_\_\_ YEAR(S) \_\_\_\_\_

Nominator's Name \_\_\_\_\_

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

*Please submit application with a picture of candidate and a 100 word summary to appear on form.*

*Summaries of more than 100 words will be edited down to 100 words.*

*Candidate will also be required to follow campaign guidelines.*

**INFORMATION ON PART 2  
MUST BE COMPLETED**



# The Association of Correctional Food Service Affiliates

## 2015 OFFICER NOMINATION FORM

### PROFESSIONAL PARTNER LIAISON - FOOD

I/We Nominate \_\_\_\_\_

as a candidate for the office of \_\_\_\_\_

**THE CANDIDATE HAS READ THE JOB DESCRIPTION FOR WHICH THE INDIVIDUAL HAS APPLIED AND IS WILLING TO ACCEPT THESE RESPONSIBILITIES UPON ELECTION.**

Candidate's Name \_\_\_\_\_

Candidate's Title \_\_\_\_\_

Agency/Institution Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

#### ELIGIBILITY DETERMINATION

**For Professional Partner Liaison - Currently a Professional Partner of ACFSA in Good Standing for one (1) year?**

YES  NO

DATE JOINED (*Month and Year*) \_\_\_\_\_

#### HAS SERVED ONE COMPLETE TERM AS

*International Professional Partner Liaison - Year* \_\_\_\_\_

*Regional Professional Partner Liaison - Year* \_\_\_\_\_

*State Professional Partner Liaison - Year* \_\_\_\_\_

*International Committee Chair - Year* \_\_\_\_\_

Nominator's Name \_\_\_\_\_

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

*Please submit application with a picture of candidate and a 100 word summary to appear on form.*

*Summaries of more than 100 words will be edited down to 100 words.*

*Candidate will also be required to follow campaign guidelines.*

**INFORMATION ON PART 2  
MUST BE COMPLETED**



*The Association of Correctional Food Service Affiliates*

**2015 OFFICER NOMINATION FORM - PART 2**

Candidate's Name \_\_\_\_\_

Position \_\_\_\_\_ Year \_\_\_\_\_

*Please submit application with a picture of candidate and a 100 word summary to appear on ballot. Summaries of more than 100 words will be edited down to 100 words. Candidate will also be required to follow campaign guidelines. You may use seperate page. Please write legibly or type. Online version of Form is available.*

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TO WHOM IT MAY CONCERN:

I HAVE REVIEWED THE REQUIREMENTS WITH THE CANDIDATE FOR THE INTERNATIONAL ACFSA OFFICE OF \_\_\_\_\_

WE HAVE DISCUSSED THE AMOUNT OF TIME INVOLVED, THE TIME REQUIRED AWAY FROM THE JOB SITE, AND THAT IT WILL BE CONSIDERED PROFESSIONAL DEVELOPMENT.

I AM SUPPORTIVE OF THIS ENDEAVOR.

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

SEND COMPLETED FORMS TO:

Jon Nichols  
ACFSA Nominations  
PO Box 10065  
Burbank, CA 91510

OR FAX COMPLETED FORMS TO: (818) 843-7423  
OR EMAIL Completed Forms to: Janine@acfsa.org

Questions? Call (818) 843-6608

www.ACFSA.org

**DUE BY: JUNE 15, 2015**

## QUALIFICATIONS FOR OFFICERS FOR THE BOARD OF DIRECTORS

### *I. Candidates for the office of Vice President-Elect/Treasurer:*

- A. Shall have served for one complete year (prior to the return date on the nomination form) as a member of the International Board of Directors, Chapter President, or International Chairperson.
- B. Shall be a foodservice or institutional member in good standing (dues paid for one year).
- C. Shall have been a member of the ACFSA for three consecutive years including the year of election.
- D. Must have a completed nomination form submitted by the due date specified.
- E. Must provide credentials as well as written permission from their superior to accept the position.
- F. Must be willing to accept the position if elected.

### *II. Candidates for the office of Secretary:*

- A. Shall be a foodservice or institutional member in good standing (dues paid for one year).
- B. Shall be currently holding or shall have previously held office at a chapter, state, regional or international level or shall have served as International Chairperson.
- C. Must have a completed nomination form submitted by the due date specified.
- D. Must provide credentials as well as written permission from their superior to accept the position.
- E. Must be willing to accept the position if elected.

### *III. Candidates for the office of Regional Director:*

- A. Shall be a foodservice or institutional member in good standing (dues paid for one year).
- B. Shall be currently holding or shall have previously held office at a chapter, state, regional or international level or shall have served as International Chairperson.
- C. Must have a completed nomination form submitted by the due date specified.
- D. Must provide credentials as well as written permission from their superior to accept the position.
- E. Must be willing to accept the position if elected.

### *IV. A candidate for the office of Professional Partner Liaison:*

- A. Shall be a professional partner or associate professional partner whose membership has been in active status for one year prior to the return date on the nomination form.
- B. Shall have served at least one term as Regional Professional Partner (Vendor Liaison), State Professional Partner (Vendor Liaison), International Professional Partner (Vendor Liaison) or International Committee Chair.
- C. Must have a completed nomination form submitted by the date specified.
- D. Must be willing to accept the position if elected.

- Job descriptions are available upon request from any member of the Board.

## NOMINATION AND ELECTION PROCEDURE

### CAMPAIGN GUIDELINES

The purpose of this policy is to set forth guidelines and Association procedures under which the Association of Food Service Affiliates will monitor campaigns of persons nominated for International and Chapter Offices.

#### I. The Association of Correctional Food Service Affiliates cannot support candidates for State, Regional or International Offices.

- A. Association funds cannot be utilized to purchase postage or supplies to support candidates.
- B. ACFSA International or Chapter letterhead or a copy of the letterhead cannot be utilized in support of candidates.

#### II. Personal recommendations on personal stationary, using personal finances, are acceptable. Current Board of Directors members on the chapter or international level are not to use their Board title in personal recommendations.

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