



California Child Development
Administrators Association

1107 2nd Street, Suite 320 ~ Sacramento, CA 95814
916-443-5919 ~ 916-443-5924 ~ www.ccdaa.org

Leadership Nomination Form

___ I am nominating myself ___ I am nominating a CCDAA member

Name of Nominee: _____

Nominee Agency: _____

Position/Title: _____

Work Phone Number: _____ Email Address: _____

Member of: ___ Northern Section ___ Central Section ___ Southern Section

Previous experience (if any) with CCDAA, on State Board, Section Liaison or Committee:

Elected Section Leadership Position(s) Applying for:

___ President* (Comprehensive) ___ Secretary (Comprehensive or Affiliate)

___ Vice-President* (Comprehensive) ___ Treasurer (Comprehensive or Affiliate)

___ Member-at-Large* (Comprehensive)

*2-year term

Appointed Section Positions(s) (Chair/Co-Chair) Applying for:

___ Advocacy ___ Hospitality ___ Membership

___ Public Policy Advisor ___ Events ___ Professional Development

___ Leadership Pipeline ___ Media ___ Voices for Children

Networking/Discussion Chair: ___ Campus ___ Fiscal ___ APP/R&R ___ FCCHEN

___ LPC ___ School District ___ Community Based

Tell us why you or your nominee are interested in applying for this position(s):

What strengths do you or your nominee bring to the leadership position(s) applied for:

- I understand the qualifications and time required for this position(s), and I am willing to make this commitment if elected/appointed. ___ Yes
- If nominating another, has this person been contacted to determine his/her interest in being nominated? ___ Yes ___ No Are they willing to serve? ___ Yes ___ No

Submitted by _____ Date: _____

Thank you for your nomination