

**2021-2023 Florida** **State** **Organization Recommendation Form**

**Official Recommendation Form for State Elected Office** (2-year term)

The Nominations Committee suggests electronic submission of all nominations and recommendation forms. You will receive a confirmation email within 48 hours of receipt of the electronic form. If you mail your form and do not receive confirmation of receipt within a reasonable amount of time, contact Gale Carter either by phone or email.

**This packet, including all three pages, and any additional information, MUST be certified and postmarked or emailed by December 1, 2020, to**:

Gale Carter, Chair

Florida State Organization Nominations Committee

9382 Impala Circle email: **gdcdenise@gmail.com**

Port Charlotte, FL 33981 phone: 941-828-0026 or 941-662-0227 (C)

**Position of interest:**

**Name of nominee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of nominee (electronic) Date

**Address of nominee:**

**Phone:**

**E-mail address:**       **Cell phone:**

**Current position(s) in Delta Kappa Gamma** (all levels)**:**

**Date of last Florida State Organization Executive Board or Florida State Organization Convention attended by Nominee:**

**Chapter Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of chapter president (electronic) Approval date

Or Signature of Person making nomination

**A letter of support may be attached.**



**STATE OFFICER POSITION APPLICATION**

**FLORIDA DKG STATE ORGANIZATON**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation/Induction Date \_\_\_\_\_\_\_\_\_\_ Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For what position are you applying?
2. Why do you want to serve in this position?

1. What specific Delta Kappa Gamma experiences prepared you for this position?
2. What non-DKG leadership experiences prepared you for this position?
3. What leadership qualities and accomplishments prepared you for this position?

6. A. What do you see as the greatest challenge to this position?

B. How would you address it?

7. What other experiences, titles, positions, and recognitions have you received in DKG, your

career, or your community?

8. Describe your experience with technology, scheduling virtual meetings, etc.

9. Outline your goals for this position as well as the steps to achieve them.

Please attach a photo of yourself to this application.

**Deadline: Email or Send by CERTIFIED MAIL, postmarked no later than December 1st, 2020 to:**

[gdcdenise@gmail.com](mailto:gdcdenise@gmail.com) or Gale Carter, 9382 Impala Circle, Port Charlotte, FL 33981



**2020 Florida State** **Organization Endorsement Form**

Each application must have an endorsement form completed by a DKG member, chapter, or coordinating council. An endorsement from a work-related professional is suggested. Submit no more than two endorsements.

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**This form MUST be postmarked/emailed by December 1, 2020, to**:

Gale Carter, Chair email: [gdcdenise@gmail.com](mailto:gdcdenise@gmail.com)

Florida State Nominations Committee phone: (941) 828-0026 (H), (941) 662-0227 (C)

9382 Impala Circle, Port Charlotte, FL 33981

**A. Position for which recommended:**

**B. Name of individual being recommended:**

**C. In what capacity have you worked with this person?**

**D.** **Based on your personal and/or professional knowledge of this nominee, why do you think this person would be successful in this position? Include specific skills, strengths, forward-thinking traits, and leadership qualities the individual would bring to this position. Please limit your response to a maximum of 200 words.**

**Check the appropriate box below to indicate by whom the endorsement is made.**

**Member  Chapter  Coordinating Council  Other Professional**

**Endorser’s name:**

**Endorser’s position in DKG/Profession:**

**Endorser’s email address:**       **Phone number:**

**State (geographic):**       **Coordinating Council:**       **Chapter:**