Statement of Candidate Support
Secretary Cycle, Three-year term: 2021-2024
(One-year term as Secretary-Elect, two-year term as Secretary)

Service on the INACAC Executive Board, and in particular in the Executive Cabinet, provides opportunities for individual professional growth, in addition to regional and national visibility for the employing institution. Leadership in the INACAC requires a significant commitment of time and energy from each member elected to the Executive Cabinet and support from their institution. The member's home institution will need to permit time away from professional responsibilities to participate in the Executive Board business, and the work of its sub-committees.

Members of the Executive Board are expected to attend all regularly scheduled and ad-hoc meetings, as are deemed necessary by the President to appropriately conduct the business of the Association. Executive Cabinet members are expected to attend the annual state conference.

To formally establish your candidacy for this position, please affirm that you understand the above mentioned responsibilities and agree to abide by these expectations if you are elected as an officer of INACAC. Your supervisor should review and complete the bottom portion of this form. The completed form, with signatures, should be sent to Karen Matthews, INACAC Past-President, via email to kmatthews@bgcs.k12.in.us or via fax to 317-781-2920.

For the candidate:

I understand that leadership in INACAC will require a commitment of time and talents. I agree with the above statement and will, if elected, make the necessary commitments of time and energy to fulfill my obligation to the Executive Cabinet.

_____ _____
Name (Printed) Institution

_____ _____
Signature Date

For the candidate's immediate supervisor:

I support the candidacy of _____for a position on the INACAC Executive Cabinet and will support the time commitment necessary if they are elected for a term of office. I understand this term is a three-year term. I am aware that, as a membership organization, INACAC appreciates the financial support board member's institutions provide when possible; I will support costs incurred by board members in the execution of their duties. When additional costs are incurred not covered by our institution, I understand these will be covered by INACAC in accordance with the INACAC Fiscal Policy found at: http://iacac.net/Policies-&-Information.

_____ _____
Name (Printed) Institution

_____ _____ _____
Signature Title Date