

CALIFORNIA ASSOCIATION OF DIRECTORS OF ACTIVITIES

Area G Council 2019-20 Application

Name

Position:

| School: |
|--|
| Address: |
| City: Zip: |
| School Phone () Is your CADA membership current? |
| Cell Phone:() Preferred Email: |
| Area Council Member Duties (in accordance with CADA Board Policy): |
| Have a desire to promote and support student and adult leadership development Be a member of CADA in good standing Attend Area G Council meetings (approximately 4 per year) Assist in putting on the Area Conferences (must participate in at least one of the two conferences either student or Adult Advisor) Maintain positive working relationships with and be supportive of the Area Coordinator, Assistant Coordinators, and Area Council Be actively working in student activities (or have past experience working in student activities) Encourage and promote membership in CADA by providing our membership with support and resources (at Area Meet & Greets and via phone, email, etc.) |
| Please answer the following questions: |
| Why do you want to be a part of the Area G Council? |
| |
| Are you able to fulfill the duties of an area council member? If so, what duties or jobs would you prefer to take on? |

| Vith which conferen | ce (s) would you l | _ | |
|--|--------------------|-----------------------|-------------------|
| Student Conferenc | e (Sept.) Advis | sor conference (Nov.) | |
| Will you be able to at | tend all of our co | uncil meetings? | |
| April/May 2019 | August 2019 | November 2019 | January 2020 |
| | | | |
| | | | |
| What ideas do you ha support our colleagu | | ır conferences, incr | rease membership, |
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The deadline for submitting this application is March 2,2019. Please email your intent to AreaG@cada1.org. You will receive an email confirmation once your intent is received and will be contacted by the Area Coordinator to arrange a phone interview. Any questions please email AreaG@cada1.org!

Thank you for your giving consideration to joining our team!