

CANDIDATE DATA PROFILE FORM



Dear Applicant,

The Candidate Data Profile Form is due on **February 9, 2024**. Submit your form to the Nominating Committee at nominatinghallcountydst@gmail.com.

Best regards,

Soror Avery Mitchell
Nominating Committee Chair

CONTACT INFORMATION

| | |
|--------------------------|--|
| Name: | |
| Delta Membership Number: | |
| Home Address: | |
| Cell Phone Number: | |
| Email Address: | |

Please check the office or position that you are pursuing. Only one (1) can be checked.

| Office | ✓ | Position | ✓ |
|-------------------------|---|-----------------------------|---|
| President | | Nominating Committee Chair | |
| First Vice President | | Nominating Committee Member | |
| Second Vice President | | Internal Audit Chair | |
| Recording Secretary | | | |
| Corresponding Secretary | | | |
| Financial Secretary | | | |
| Treasurer | | | |

Leadership Acumen

| What makes you the best candidate for the office/position that you are seeking? |
|---|
| |

SORORITY BACKGROUND

| | |
|---------------------------------|--|
| Chapter of Initiation: | |
| Chapter of Initiation Location: | |
| Name at Time of Initiation: | |
| Year of Initiation: | |

REGIONAL CONFERENCES ATTENDED

| Regional Conference Location | Year |
|------------------------------|------|
| | |
| | |
| | |

NATIONAL CONVENTIONS ATTENDED

| National Convention | Yes | No |
|--|-----|----|
| 54 th National Convention in New Orleans, LA | | |
| 55 th National Convention in Atlanta, GA | | |
| 56 th National Convention in Indianapolis, IN | | |

SORORITY LEADERSHIP

Elected Office(s):

| Chapter Office Held | Chapter Name | Dates | # of Terms |
|---------------------|--------------|-------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Elected Position(s):

| Elected Position Held | Chapter Name | Dates | # of Terms |
|-----------------------|--------------|-------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Chaired Committee(s):

| Committee Name | Chapter Name | Dates | # of Terms |
|----------------|--------------|-------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Public Service Involvement:

| Name of Public Service | Organization | Dates | Location |
|------------------------|--------------|-------|----------|
| | | | |
| | | | |
| | | | |
| | | | |