



**ARKANSAS QUESTERS  
CREDENTIALING INFORMATION  
FOR  
STATE EXECUTIVE BOARD MEMBER NOMINEE**



Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your Chapter Name & #: \_\_\_\_\_

This form must be completed and submitted to the Chair of the Nominating Committee. / Please answer all questions. If "none", enter none. / **"\*\*" Indicates a qualification requirement for President and 1<sup>st</sup> VP.** / This form will be retained, along with the Consent to Serve and Chapter endorsements, by the State President for current and immediately preceding officers.

- List The Questers offices and State Chairmanships you have held and the years included in the terms.

	<u>Offices Held</u>	<u>Years of Term</u>
Chapter *	_____	_____
	_____	_____
	_____	_____
State *	_____	_____
	_____	_____
	_____	_____
International	_____	_____
	_____	_____

- Current Profession/Occupation: \_\_\_\_\_

- Education (*List schools/colleges/ universities*): \_\_\_\_\_

- Experience / Knowledge / Tools ( *Please mark all that apply*). **All State Officers must have internet access and e-mail.**

Computer: Internet Access\_\_\_ E-Mail\_\_\_ Word Processing\_\_\_ Spreadsheet\_\_\_ Presentations\_\_\_  
Parliamentary Procedure\_\_\_ Shorthand\_\_\_ Bookkeeping/Accounting\_\_\_ Journalism\_\_\_

Other: \_\_\_\_\_

- Are you available to attend State Executive Board meetings? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you available to attend the Arkansas Spring State Questers Convention and the Fall Council? Yes \_\_\_\_\_ No \_\_\_\_\_
- Give a brief summary of your interests, community activities, local/civic clubs, business/professional organizations, hobbies, etc., on the reverse side of this form.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature