

Candidate for ASCA Board of Directors COUNSELOR ASSOCIATION COUNSELOR COMMITMENT to Performance

Candidate's Name:	
Current Job Title:	
Brief Job Description:	
Administrators: ASCA congratulates you and your institution professional, who seeks the nomination for national office mutual understanding shared through commitments to responsibilities and expectations of the ASCA office, we facilitate this commitment to performance.	ice. We recognize the need for cooperation and professional activities. Based upon the information,
I have reviewed this nomination for ASCA office and acknowledge the potential candidate's intent to pursue election to that position. I will grant administrative approval for release time. I verify the above job title and job description as the nominee's official responsibilities.	
Superintendent	Principal (or immediate supervisor for non-school-based members)
Type/Print Name:	Type/Print Name:
Title:	Title:
Date:	Date:
Signature	Signature
The above signatures must include the nominee's immediate supervisor and the superintendent (person designated to grant leave) or his/her designee.	
Nominee Statement I understand and agree to fulfill the responsibilities and obligations to the ASCA office. I agree to the release of my personal and professional data for the election process. I also agree to abide by the election policies and procedures as presented in the ASCA Nominations and Elections Policy.	
Signature	Date: