



SOCCER DIVISION

DISTRICT DIRECTOR/OFFICER CANDIDATE PROFILE

Please complete and e-mail this Profile Information to TASO Soccer Division at soccer@taso.org

Your Profile must be submitted by February 15

If you do not receive a confirmation of receipt within 2 business days, please call 214-390-2895 ext 1002.

Date: _____ Chapter: _____

NAME: _____
FIRST LAST

TASO ID#: _____ e-mail: _____

Occupation: _____

A candidate for: President-Elect Vice President District Director:
(District #) _____

Please list boards and committees that you currently serve or have served on (business, civic, community, fraternal, political, professional, recreational, religious, etc)

Organization	Role/Title	Dates of Service

Education/Training Certificates

Have you received any awards or honors that you would like to mention? OPTIONAL



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How do you feel TASO Soccer would benefit from you as a Board Member or Officer?

Skills, experience, and interests (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Public Relations, communications |
| <input type="checkbox"/> Personnel, human resources | <input type="checkbox"/> Education, training, instruction |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Other _____ |

Please detail your vision of how you will contribute to TASO Soccer

Thank you for your interest in serving TASO Soccer