

Application to Join the MCSS Board of Directors

Name	:			Date:		
Home	Address:					
City:		State: MN	Zip:	Congressional District:		
Email	Address:					
Prefer	red Phone:		Alternative Phone:			
Schoo	ol District:	School:				
Grade	e Level(s) Taught: Social Studies Disciplines Taught:					
_				NCSS? No/Yes -Member # mbers of NCSS and MCSS]		
	or from whom did you h interests you about serv		S Board o	of Directors?:		
	are some of the function reas in which you would			s that the MCSS BOD currently	y has. Please indicate	
0	Membership – Dues, p					
0	Budget/Finance - Treasurer/Finance/Budget/Membership/ Affiliation					
0	Conference:Exhi	oitsFacilities	Gala	Program/PresentersR	egistration	
0	Communications – Website, Database Coordination/Maintenance, Flyer/Program/Mailed Promos, e-					
	Newsletter, graphics					
0	<u>Teacher of the Year</u> – Publicize, gather nominees, review & select, solicit prizes, communicate					
	w/winners, stake holde	ers, media				
0	<u>Professional Concerns</u> – Promote SS Education, Legislative Liaison					
0	Liaisons: - NCSS, MN State SS Organizations, Colleges/Universities, non-public schools					

functions/activities/committees/tasks you marked above. If you have assets not particularly included in the

Please tell us what interests/skills/strengths you would bring to the BOD or to the

above, include information about those.