



APTA TN STUDENT ASSEMBLY CONSENT-TO-SERVE FORM

INSTRUCTIONS: Please complete this form to indicate your consent to serve as a Student Assembly Officer, Delegate, or Nominating Committee Member. Please use the space provided.

Deadline: September 6, 2022

Desired position(s) [You may put all positions if you are unsure]: _____

1. PERSONAL DATA: (Please print or type)

Nominee's Name: _____ School: _____

Check one: ☐ PT Student ☐ PTA Student APTA Membership # _____

Current Address: _____

Phone: () _____ Expected Graduation Date: _____

Fax: _____ E-mail: _____

2. ☐ **YES**, I am willing to serve as an elected member of the Tennessee Student Assembly Board of Directors or Student Assembly Nominating Committee.

☐ **NO**, thank you, I am unable to serve at this time.

Please complete the following statements in order to assist the Nominating Committee in its candidate selection process.

3. I am qualified to serve in the Tennessee Student Assembly because (remember to include pertinent leadership experience and involvement in promoting the physical therapy field):

4. If elected to the Tennessee Student Assembly, I hope to accomplish the following goals in the upcoming year:

5. My vision(s) for the future development of the Tennessee Student Assembly and the physical therapy profession are:

6. Other areas of my professional or community experience include:

7. Candidate Statement – All statements should be limited to **500** words or less, using 12 point Times New Roman font and single spacing. Please focus on why you intend to run for office, what your strengths are, and what you hope to achieve. These statements will be posted on the student page of APTA TN's Web site, Tenn-Assembly's facebook page, and printed in the Volunteer Voice. Please submit candidate statements by e-mail to TPTA@tptatn.com.

8. Photo – Please submit an electronic head shot for use in the onsite program and candidate statements. The photo needs to be a high resolution JPG, at least 300 dpi, and at least 2" x 2". ***Please do not submit photos that are blurry, overly cropped, or very small.***

Signature: _____

Date: __/__/____