SAMPLE APPLICATION
PLEASE COMPLETE THE ONLINE APPLICATION AT
https://asca.iad1.qualtrics.com/jfe/form/SV_41jO83O8WulpYX3

The ASCA Board of Directors governs and acts as the trustee for the members of the American School Counselor Association (ASCA), a nonprofit national professional organization formed in 1952 to advance the field of school counseling and add value to stakeholders.

ASCA’s VISION: ASCA is the foundation that expands the image and influence of school counselors through advocacy, leadership, collaboration and systemic change. ASCA empowers school counselors with the knowledge, skills, linkages and resources to promote student success in the school, the home, the community and the world.

ASCA’s MISSION: ASCA’s mission is to represent school counselors and to promote professionalism and ethical practices.

RESPONSIBILITIES: Members of the ASCA Board of Directors are responsible for determining the overall direction of the organization, ensuring the organization does what it needs on behalf of its members and avoids what it shouldn’t do. Board members are expected to be knowledgeable about ASCA, its guiding principles and current activities. Board members are responsible for the governance function of the organization, including ensuring compliance with ASCA bylaws, establishing policies, monitoring compliance with the policies, establishing linkages with ASCA members and completing all tasks necessary to meet these responsibilities.

Most board member responsibilities can be met virtually. However, service on the board requires the following travel: (Note: Due to the COVID-19 pandemic, at present, all meetings are virtual)

- Three in-person board meetings, typically over weekends
- ASCA Annual Conference: Wednesday to Wednesday typically in mid to late July (may include a board meeting)
- Representation at other state school counselor association annual conferences (number of conferences, dates and locations are determined annually)
- Mid-Year Leadership Development Institute (LDI)
- Recommended attendance at home state school counselor association annual conference
- Additional face-to-face or virtual meetings may be called throughout the year.
- Additional travel, such as representation at other conferences or meetings, may also be required throughout the year.
CRITERIA: To be eligible for nomination to the ASCA board of directors, candidates must:

- Be employed full-time in school counseling in a school, school district or state department of education or as a full-time faculty member in a school counselor education program on Jan. 31, 2021.
- Have served as a practicing school counselor for at least five years as of Jan. 31, 2021.
- Hold a valid school counselor license or certificate issued by a state department of education or equivalent state or federal agency on Jan. 31, 2021.
- Be a current professional member of ASCA, including holding membership for a minimum of the five years immediately preceding Jan. 31, 2021.
- Have completed the ASCA U School Counseling Leadership Specialist training no more than five years prior to Jan. 31, 2021.
- Demonstrate commitment to school counseling and ASCA.
- Comply with the instructions herein.
- In addition to knowledge about and experience in the school counseling field, leadership candidates should be able to demonstrate commitment and service to ASCA, a working knowledge of the Policy Governance© Model and a temperament that contributes to and generates group consensus, wisdom and vision.

Please provide the following information.

First Name ________________________________________________
Last Name ________________________________________________
Employer/Affiliation ________________________________________________
Job Title ________________________________________________
Address ________________________________________________
City ________________________________________________
State ________________________________________________
ZIP ________________________________________________
Telephone (preferred) ________________________________________________
Email ________________________________________________

Please indicate your current job title, school/institution name and years served in role below (e.g., school counselor, Greenwood Elementary School, 2012-present)

________________________________________________________________
Please list your past experience in school counseling. Include job title, name of school/institution and dates you served in the role (e.g., School Counselor, Greenwood Elementary School, 2007-2011).

Past experience: ________________________________________________
Past experience: (if applicable) ____________________________________
Past experience: (if applicable) ____________________________________
Past experience: (if applicable) ____________________________________
Past experience: (if applicable) ____________________________________

BASIC CRITERIA:

Please choose which of the following applies to you.

○ Employed full time in school counseling in a school or school district. Please indicate name of school or district: _______________________________________

○ Employed full time in a position that oversees school counseling at the district or state level. Please indicate district name or state: ________________________________

○ Employed full time as a faculty member in a school counseling preparation program. Please indicate university and program name: ________________________________

Please answer the following questions about your employment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been a practicing school counselor for at least five years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you hold a valid school counselor license or certificate issued by a</td>
<td></td>
<td></td>
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<tr>
<td>state department of education or equivalent state or federal agency?</td>
<td></td>
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<tr>
<td>Have you been an ASCA professional member continuously at least</td>
<td></td>
<td></td>
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<tr>
<td>since Jan. 31, 2016?</td>
<td></td>
<td></td>
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</tbody>
</table>

How many years have you been a practicing school counselor? _________

Please indicate the state in which you hold a school counselor license or certificate: _________

In what year did you join ASCA? _________
POLICY GOVERNANCE© MODEL:

Did you complete the ASCA U School Counseling Leadership Specialist training program between Jan. 31, 2016, and Jan. 31, 2021?

- Yes
- No

Are you familiar with the Policy Governance© Model (Carver, 1990) and its descriptions of the roles, responsibilities and relationships among governance (board of directors), management (CEO) and stakeholders (members)?

- Yes
- No

What are the key elements of a Policy Governance© Board? (200-word maximum)

________________________________________________________________
________________________________________________________________
________________________________________________________________

What does the concept of board holism mean? (200-word maximum)

________________________________________________________________
________________________________________________________________
________________________________________________________________

ASCA BOARD OF DIRECTORS:

Briefly describe why you wish to serve on the ASCA Board of Directors. (200-word maximum)
Note: If you are selected as a candidate, this statement will be shared with ASCA members as part of your candidate information.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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List what you believe are your two foremost leadership attributes. (100-word maximum for each attribute)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please choose yes or no to indicate your affirmation of the following: "If nominated and elected, I will make my board service a priority throughout my term; that is, I will commit to (a) attending and participating in all board meetings each year for which my travel, lodging and a per diem are paid by ASCA and (b) participating in any and all interim governance discussions, tasks and other activities."

○ Yes
○ No

Please choose yes or no to indicate your affirmation of the following: "If nominated and elected, it is possible you may serve in a board leadership position. Because the board comprises nine elected members, it is also important that each director be a potential chief governing officer. If elected to such a position, I would serve and commit my attention and time to fulfilling such responsibilities."

○ Yes
○ No

How have the ASCA ends policies affected you as a school counselor? (200-word maximum)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is an example of an ASCA bylaw or policy you feel should be updated and why? (200-word maximum)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
What is an example of an ASCA bylaw or policy you feel should remain intact and why? (200-word maximum)

________________________________________________________________
________________________________________________________________
________________________________________________________________

EDUCATION:

Please check the ASCA U Specialists designations you have earned. (Check all that apply.)

☐ Anxiety and Stress Management Specialist
☐ Bullying Prevention Specialist
☐ Career Development Specialist
☐ Closing the Achievement Gap Specialist
☐ College Admissions Specialist
☐ Cultural Competency Specialist
☐ Grief and Loss Specialist
☐ Legal and Ethical Specialist
☐ Mental Health Specialist
☐ School Counseling Data Specialist
☐ School Counseling Leadership Specialist
☐ Students with Special Needs Specialist
☐ Trauma and Crisis Specialist

Please provide the information below regarding your education:

Undergraduate institution and degree ________________________________

Master's degree institution and degree ______________________________

Doctorate degree institution and degree (if applicable) ___________________
Please list any other education/certifications/certificates you have received.

- Other (if applicable): ________________________________________________
- Other (if applicable): ________________________________________________
- Other (if applicable): ________________________________________________
- Other (if applicable): ________________________________________________
- Other (if applicable): ________________________________________________

ASCA SERVICE:

List examples of your participation in ASCA (e.g., committees, task forces, publications, presentations, etc.) during the past seven years (note any leadership positions): (Space has been provided for 10 examples, but 10 examples are not required.)

Example 1 ________________________________________________
Example 2 ________________________________________________
Example 3 ________________________________________________
Example 4 ________________________________________________
Example 5 ________________________________________________
Example 6 ________________________________________________
Example 7 ________________________________________________
Example 8 ________________________________________________
Example 9 ________________________________________________
Example 10 ________________________________________________

List examples of your participation in an ASCA-chartered state association (e.g., committees, task forces, publications, presentations, etc.) during the past seven years (note any leadership positions): (Space has been provided for 10 examples, but 10 examples are not required.)

Example 1 ________________________________________________
Example 2 ________________________________________________
Example 3 ________________________________________________
Example 4 ________________________________________________
Example 5 ________________________________________________
Example 6 ________________________________________________
Example 7 ________________________________________________
Example 8 ________________________________________________
Example 9 ________________________________________________
Example 10 ________________________________________________
List your experience and accomplishments in the field of school counseling not listed above during the past seven years such as presentations, publications, internship supervision, leadership roles or other accomplishments (include any positions in your school or school district):

________________________________________________________________
________________________________________________________________
________________________________________________________________

NON-SCHOOL-COUNSELING RELATED SERVICE:

List other boards and committees on which you have served outside of ASCA, your state school counselor association, your school or school district during the past seven years (note any leadership positions):

________________________________________________________________
________________________________________________________________

By my signature below, I attest that all information herein is true and correct to the best of my knowledge, that I alone completed this questionnaire.

SIGNATURE ____________________________________________________________

To complete the application process, a signed and completed “Candidate for ASCA Board of Directors Commitment to Performance” must be completed by your supervisor/administrator. Please copy this link and share it with your supervisor/administrator for completion. Completion of the form is required before your application can be considered. Send completed form to board@schoolcounselor.org.

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 ____________________________________________________________