



**SENIOR OFFICER – SECOND VICE CHAIR
OF THE BOARD OF DIRECTORS
APPLICATION**

*Completed application forms must be received by
IAVM no later than December 31.*

2ND VICE CHAIR APPLICATION FORM

IAVM SENIOR OFFICER OF THE BOARD OF DIRECTORS

Name: _____

Facility: _____

Position: _____

Facility Address: _____
Street Address or P.O. Box

City, State/Province, Zip/Postal Code

Home Address: _____
Street Address or P.O. Box

City, State/Province, Zip/Postal Code

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. To speed the processing of your application, you should submit evidence for the information stated below. Additional documentation may be requested to verify the information. Any supplemental materials should be labeled clearly and should make reference to the specific section of the application to which they refer. If you cannot provide evidence when it is requested, the Leadership Development/Nominating Committee of the Board of Directors may, in its sole discretion, decide not to give you credit for unsubstantiated claims.
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MINIMUM REQUIREMENTS – Please answer yes or no to each of the following:

_____ Minimum of ten years' experience in the top two levels of venue management.

_____ Previously served a full term on the Board of Directors.

_____ Achieved CVE designation and agree to maintain throughout term.

_____ Agree to the IAVM Code of Ethics.

_____ Acknowledge all information provided is true and valid.

If you answered "no" to any of the above questions, you are not eligible to apply for the 2nd Vice Chair Position.

IAVM COMMITTEE EXPERIENCE

This Section records experience serving on any combination of at least three of the following: an IAVM Committee, and/or Board of Regents, and/or Board of Governors, and/or IAVM Foundation Board of Trustees.

Committee Position

Dates (Month/Year –Month/Year)

IAVM SCHOOL PROGRAMS

This Section records completion of at least one of the following IAVM school programs: IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School.

School Program

Date (Month/Year(s))

IAVM CONFERENCE & EDUCATION

This Section records attendance at VenueConnect (at least three times), as well as attendance at any combination of at least three of these conferences/programs in the last six years: Additional years at VenueConnect, IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School, GuestX, Trained Crowd Manager, Severe Weather Preparedness, Arena Management Conference, International Convention Center Conference, Performing Arts Managers Conference, Region Meetings, Chapter Meetings

Conference & Education Program

Date (Month/Year(s))

VenueConnect

VenueConnect

VenueConnect

Additional Attendance (if applicable)

Date (Month/Year(s))

ADDITIONAL INDUSTRY EXPERIENCE

This Section records any additional industry-related experience that you feel would be relevant in the selection process.

Experience

Dates (Month/Year –Month/Year)

COMMUNITY EXPERIENCE

This Section records any community experience that you feel would be relevant in the selection process including, but not limited to, service on Boards of other professional and/or local/community organizations.

Experience

Position

Dates (Month/Year –Month/Year)

Before submitting your application, double check that all requirements have been fulfilled. **Deadline for receiving applications is December 31.**

APPLICANT'S STATEMENT

_____By checking this box, I am confirming that I am not aware of any impediments that would keep me from fulfilling the requirements of the office, if nominated.

I hereby apply for nomination to the Second Vice Chair position of the Board of Directors of the International Association of Venue Managers and understand that this information within the application will be treated confidentially. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that IAVM reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of this application. I have read and understand all of the aforementioned information and agree to abide by terms and conditions contained herein.

Signed by: _____
Applicant *Date*

Signed by: _____
Applicant's Direct Supervisor (If Applicable) *Date*

Please Return To:
IAVM, Second Vice Chair Nomination, 635 Fritz Dr., Suite 100, Coppell, TX 75019
Phone: 972-906-7441 / Fax: 972-906-7418 / Email: rosanne.duke@IAVM.org