



LILT CANDIDACY APPLICATION FORM

Position of Interest: _____

Name of Candidate: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Home email address: _____

Name of School District: _____

Name of School: _____

School Phone #: _____

School email address: _____

Best Time to call: _____

1. How many years have you been teaching? _____

Subject(s) _____

2. Approximately how many years have you been a LILT member? _____

3. Professional activities for LILT: _____

4. Present membership in other Professional Organizations: (Check all that apply) NYSAFLT

_____ AAT _____ ACTFL _____ FLACS _____ Other: _____

5. Leadership position(s) in other organizations? _____ Yes _____ No

If yes, please specify:

6. Honors/ Recognitions/ Awards received: _____

7. What strong points and/or specific skills would you bring to the position you seek?

8. Briefly describe your reasons for seeking this position:

9. Please list below three people who can speak to your candidacy.(include phone #)

LILT is seeking individuals who possess strong organizational skills and who are willing to give of their time for the good of the organization which has a membership of 300+ .

N.B.: Please return the completed form to

Donna DiNatale 98 Chelsea Drive Mount Sinai NY 11766

All nominations are subject to the approval of the LILT Executive Board.