

# **OHPELRA BOARD OF DIRECTORS CANDIDATE QUESTIONNAIRE**

Please complete the following information. If needed, you may add pages to expand your answers.

Thank you for your interest in serving the Ohio Public Employer Labor Relations Association.

1. **Background Information**

_____	_____	_____
(Name)	(Title)	(Agency/Employer)
_____	_____	_____
(Agency/Employer Address)	(City, ST)	(Zip)
_____	_____	
(Preferred Phone)	(Years in Current Position)	
_____		
(Work-Email Address)		

2. **State PELRA Information**

(a) How long have you been a member of OHPELRA? \_\_\_\_\_ Years

3. **Explanation of Interest**

Please attach a brief letter explaining why you wish to serve on the OHPELRA Board of Directors.

4. **Prior National PELRA/PELRA Activities/Services**

What National PELRA or state PELRA activities, services, or assignments have you previously been involved with?

5. **Commitment/Availability/Employer Support**

Participation as an OHPELRA Board Member should be expected to be time consuming; therefore, it is critical that you have a frank discussion with your employer as it involves support for your involvement with OHPELRA activities. A Board Member is expected to attend all board meetings (a minimum of 4-6) per year and attend the conferences, workshops and trainings along with the Annual Training Conference (ATC). Additionally, Board members are expected to participate in additional phone conferences as well as committee work projects and/or chair

specific committees that support and promote organization objectives. Your employer's financial support for National / OHPELRA service is not a criterion for selection to the Board of Directors, however employer support or at least agreement concerning the necessary paid time off for Board member meeting and training attendance is an important consideration for most members (paid leave coverage or at least accrued leave availability). OHPELRA will not provide any cost offset for loss of income due to a lack of jurisdictional support or available accrued paid leave time for Board members. If agency financial support is not available OHPELRA may reimburse or cover the costs of meals and lodging (this is not guaranteed). ATC registration fees and associated travel shall be borne by the Member's jurisdiction or the member him/her self and not reimbursed by OHPELRA.

- (a) Will your jurisdiction /employer allow you additional paid time off to travel for Board meetings? \_\_\_ Yes \_\_\_No
- (b) If the answer is no, do you have approval from your jurisdiction /employer for the use of sufficient paid or unpaid time off and are you willing to use such time to meet these Board travel and meeting responsibilities? \_\_\_ Yes \_\_\_No
- (c) Will your jurisdiction /employer provide or assist in your travel expenses? \_\_\_Yes \_\_\_ No
- (d) \_\_\_ Yes \_\_\_ No

6. **References**

Please list at least three professional references (preferably from OHPELRA) who can attest to your professional qualifications for candidacy to the OHPELRA Board.

- (a) Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_
- (b) Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_
- (c) Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_

7. What other professional or non-profit organizations have you been a member of and please note any special work contributions or leadership positions you have held in those organizations?

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8. **Additional Information**

If there is any additional information you would like to submit in support of your candidacy, please note it here.

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8. **Resume/Biography**

Please attach a copy of your résumé or a biographical summary.

9. **Date and Signature of Application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You must submit your completed application, via email, to [ktreadway1@csc.edu](mailto:ktreadway1@csc.edu)**

Thank You!