

THE QUESTERS INFORMATION FOR INTERNATIONAL CREDENTIALS BOOK

I. NAME: _____ TELEPHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE/PROV.: _____ ZIP/POSTAL CODE: _____

CHAPTER NAME: _____ # _____

II. LIST OFFICE AND YEAR(S) HELD IN THE QUESTERS:

Chapter Office: _____ Years: _____

State/Provincial: _____
Office _____

International _____
Office _____

On the reverse or additional sheet, please summarize your involvement with or contribution to The Questers and community service.
(Chapter, State/Provincial or International level).

III. CURRENT OCCUPATION: _____ Since: _____

PREVIOUS OCCUPATION _____ Duration _____

EDUCATION (List schools/colleges) _____

IV. EXPERIENCE/SKILLS: Check all applicable. (Either paid or volunteer)

Computer/Word Processing _____ Program(s) used _____

Use E-mail _____ Parliamentary Procedure _____

Accounting Skills _____ Computer Accounting _____ Program(s) Used _____

What position (s) do you feel you are qualified for? 3RD VP, 1ST VP, President etc.

On the reverse or additional sheet, please provide details on each item marked.

V. ARE YOU AVAILABLE TO ATTEND INTERNATIONAL BOARD MEETINGS? Yes _____ No _____

ARE YOU AVAILABLE TO ATTEND INTERNATIONAL CONVENTIONS? Yes _____ No _____

Please Note: Expenses for international Board Members (elected and appointed) are reimbursed according to International polices 6-C.

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Note: One additional page may be attached if more room is required for page two.

RE: Section II. Explain your Quester /Community service:

VI. Please list interests, hobbies, organization affiliations, activities below:

VII. Please list health issues or other commitments, which might affect your ability to serve the International organization of The Questers:

VIII. List two Quester reference(s) that are familiar with your Quester-related work or involvement.

Name: _____
Address _____
City/State/Prov. _____
Zip/Postal Code _____ E-Mail _____
Telephone # _____

Name: _____
Address _____
City/State/Prov. _____
Zip/Postal Code _____ E-Mail _____
Telephone # _____

IX. Signature _____ **Date:** _____

Please return completed form to: International Third Vice President

Note: Credential forms are kept on file for five years only.

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