



**ACCJC DATA/BIOGRAPHICAL FORM**

**NAME:** \_\_\_\_\_

Home Address:

\_\_\_\_\_  
STREET CITY ZIP

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Professional Employment:**

Current Position

\_\_\_\_\_

Work Address

\_\_\_\_\_  
STREET CITY ZIP

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

**Previous Position(s):**

Years	Position
_____	_____
_____	_____
_____	_____

Describe your Institutional Evaluation experience, if any:

Describe your Accreditation experience, if any:

Degrees and Institutions where earned:

Professional Recognitions (institutional, regional or state committees, etc.) or Professional Honors, if any:

Community Leadership Roles, including any experiences with Community or Two-Year Colleges: (for Public members only)

**References:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY ZIP

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY ZIP

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DEADLINE: 3:00 p.m., April 15, 2019**

**Please return this form accompanied by a letter of interest, a resume, and two letters of recommendation as PDF attachments via email to:**

**Alexandra Spring  
Events and Services Coordinator**

**E-mail: [aspring@accjc.org](mailto:aspring@accjc.org)**