

**DISABLED AMERICAN VETERANS, DEPARTMENT OF MARYLAND, INC.**

**CANDIDATE INFORMATION SHEET QUESTIONNAIRE**

The following questions are being provided for your information only as they may be asked of you by the Nominating Committee.

- A) Will you be free to travel day or night if elected to an Office.
- B) What do you understand to be the duties of the office you are seeking?
- C) If you are NOT nominated or elected to Department Office, what are your plans for the year relating to the DAV?
- D) How much time do you anticipate you will be able to give each month to your DAV Office?
- E) What, in your opinion, are the three (3) biggest problems in the DAV which need to be addressed? What do you believe are the solutions and what do you think your role should be in the solution?
- F) Are you or will you be an Officer or Committee Chairman in any other organization during your tenure of Office?
- G) Why do you aspire to be a Department Officer?
- H) What do you believe are the two (2) strongest assets of the DAV of Maryland and how would you plan to capitalize on them?
- I) Brief explanation of the history and purpose of the DAV.

**DISABLED AMERICAN VETERANS, DEPARTMENT OF MARYLAND, INC.**

**CANDIDATE'S NOMINATION AND INFORMATION SHEET**

**(Please Print Legibly or Type)**

NAME: \_\_\_\_\_ CHAPTER # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: h: \_\_\_\_\_ / c: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: Maryland ZIP CODE: \_\_\_\_\_

1. What office are you seeking? \_\_\_\_\_  
DAV Department Maryland, Inc.

2. Describe any job experience, etc., which has contributed to enhancing your capabilities to serve in this office.

3. If successful, do you aspire to advance to the position of Department Commander? If not, what are your future plans in this organization?

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4. Are you a Life Member? YES Membership # \_\_\_\_\_ Member Since: \_\_\_\_\_

5. Are you a membership recruiter? \_\_\_\_\_ The Number of members you have recruited during the present membership year.

6. Did your Chapter accomplish its membership goal? \_\_\_\_\_

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7. What is your involvement in the Chapter's Membership Program?

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8. What offices have you held in the DAV, number of years and dates:

- a. National: \_\_\_\_\_
- b. Department: \_\_\_\_\_ (Present)
- c. Chapter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Committee experience and dates:

- a. National: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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b. Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Chapter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. State your activities (Indicate by checkmark)

Chapter Level \_\_\_\_\_ Department Level \_\_\_\_\_ National Level \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

11. Should you be elected to a Department position and subsequently become the Department Commander, what new programs do you believe should be implemented (Provide Justification)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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a. What program(s), if any should be eliminated, (Why?)

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b. Membership (Past and current in other Veterans organizations).

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12. Voluntary Disclosure Statement. I hereby submit the following 'Voluntary Disclosure' of any past and present civil, or judicial behavior that could reflect negatively on the Disabled American Veterans

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(DAV) and the position which I may be elected to serve. Failure to voluntarily provide this information **MAY** be construed as 'Lack of Candor' and a disqualifying factor for my candidacy.

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In order to facilitate the work of the Membership Committee, this form should be completed and submitted to the Department Headquarters before May 2nd of each Convention Year, so that the Nominating Committee will receive this application with enough time to evaluate all candidates and make their presentation on the Convention Floor.