**ATLANTIC BAY-MOUNTAIN REGION 19**

**RMT SHADOW APPLICATION**

**Please Tell Us About Yourself:**

Name:

Chapter(s):

Quartet(s), if any:

Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Number of years in Sweet Adelines:

**Training and Experience**:

Leadership positions you’ve held in the last 10 years in your chapter(s), and/or at the Regional or International levels:

1.

2.

3.

4.

5.

List the occupation, training, education, experience and skills you could bring to the position of RMT Shadow:

1.

2.

3.

4.

5.

**What is your vision for Region 19, and where do you see our Region in the next 5 years?:**

**Please list three references who know you well enough to verify your qualifications (note: International headquarters staff are not eligible to provide references):**

**Reference 1:**

Name:

Address:

Phone Number(s):

Email:

**Reference 2:**

Name:

Address:

Phone Number(s):

Email:

**Reference 3:**

Name:

Address:

Phone Number(s):

Email:

Please save this document using your last name “e.g., Smith Shadow Application” then submit as instructed below.

**Please return completed application to Region 19’s current Team Coordinator:**

Irene Hershey

Email Address: ihershey@aol.com

If mailing hard copy, please refer to Regional Directory for address.