



<http://www.wcrsd.org>

Consent to Serve

San Diego Local Chapter Officers - 2011 Term of Office

I agree to serve as _____ of the San Diego Chapter of the Women's Council of REALTORS® for the year _____.

I acknowledge and accept my fiduciary obligation to act in the best interests of the Local Chapter organization as follows:

- 1) Duty of Care: I will use the care that a reasonably prudent person would exercise in a like position and under similar circumstances. This means that I agree to attend meetings, ask questions to gain the information I reasonably need to make a decision and exercise independent judgment.
- 2) Duty of Loyalty: I will advance the best interests and well-being of the San Diego Local Chapter WCR over any individual or local chapter interests, and I will refrain from using my position of trust to further my own interests in a way that conflicts with the interests of WCR.
- 3) Duty of Obedience: I will accept, support and implement Governing Board decisions, even if I voted against them I will follow the Bylaws of WCR and Standing Rules and comply with all state and federal laws relating to WCR's activities.
- 4) Duty of Confidentiality: I will not discuss matters deemed confidential by the Governing Board outside of board meetings without the express advance permission of the WCR President.
- 5) Travel & Time: I understand the time and travel requirements for the position that I have been elected to serve. I will make every effort to give of my time to meet the requirements of this position. I accept my position with the understanding I may not be funded for all or any of my expenses while performing my volunteer duties.

Additionally, I will not speak or act for WCR or the Governing Board unless specifically authorized to do so. I will not present opinions about WCR business unless those opinions are clearly expressed as personal opinions not necessarily the views of WCR.

My signature below acknowledges that I agree to be bound by the terms of consent above.

Signature: _____ Date: _____

Name: _____ *(Please Print)*

Candidate Application

(Please Print)

Name: _____

Were you recommended by someone? If so, by whom? _____

Company Name: _____

Street Address: _____ City: _____ State: CA Zip: _____

Business Telephone: _____ Cell: _____

Residence Phone: _____ Fax: _____

E-Mail: (mandatory) _____ Web Site: _____

Name of your Local REALTOR® Board/Association(s) _____

Number of years as a Licensee: _____

Membership Type: (Circle One) REALTOR® REALTOR-Associate® Affiliate

Is real estate your full time occupation? (Circle One) Yes No (if No, please explain below)

Languages (Please indicate your degree of fluency in languages other than English):

Do you have any known health, financial or other circumstance that could limit your ability to serve?
(Circle One) Yes (if Yes, please, describe below) No

Education: (Circle all that apply)

High School: Graduated GED
College: Associate Degree Bachelor Masters Ph.D.

REALTOR® Designations Earned and Currently Maintained: (Circle all that apply)

ABR ABRM ARM CCIM CIPS CPM CRE CRB CRS GRI LTG PMN SRES SIOR e-PRO

REALTOR® Certifications Earned and Currently Maintained: _____

Broker Notary (Circle all that apply)

WCR State and Local Chapter Experience

WCR Member Since: Year(s): _____

WCR Local Chapter Leadership Experience: *(Circle all that apply. Please indicate the year of your term [e.g. 2002 – 2003]. Describe significant WCR accomplishments/contributions on back of application.)*

Local Chapter Treasurer	Year(s): _____
Local Chapter Secretary	Year(s): _____
Local Chapter V.P. of Membership	Year(s): _____
Local Chapter President-elect	Year(s): _____
Local Chapter President	Year(s): _____

Local Chapter Committee Experience: *(List the three most important)*

Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____

WCR State Leadership Experience: *(Circle all that apply. Please indicate the year of your term [e.g. 2002 – 2003]. Describe significant WCR accomplishments/contributions on back of application.)*

State Governor	Year(s): _____
State District Vice President	Year(s): _____
State Treasurer	Year(s): _____
State Secretary	Year(s): _____
State President-elect	Year(s): _____
State President	Year(s): _____

State Committee Experience: *(List the three most important)*

Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____

WCR National Leadership Experience:

National Committee or Work Group Experience: *(List the three most important)*

Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____
Committee: _____	Position: _____	Year(s): _____

WCR Leadership Academy Graduate: Yes No Year: _____

REALTOR® Association Leadership Experience

C.A.R./N.A.R.: (Circle all that apply. Please indicate the year of your term [e.g. 2002 – 2003]. Describe significant WCR accomplishments/contributions on back of application.)

National Director Year(s): _____
State Director Year(s): _____

C.A.R. Committee Chair/Vice-Chair Experience: (List the three most important)

Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____

C.A.R. Committee Member: (List the three most important)

Committee: _____ Year(s): _____ (Circle One) Volunteer Appointed
Committee: _____ Year(s): _____ (Circle One) Volunteer Appointed
Committee: _____ Year(s): _____ (Circle One) Volunteer Appointed

N.A.R. Committee Chair/Vice-Chair Experience: (List the three most important)

Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____

Local Association Experience: .: (Circle all that apply. Please indicate the year of your term [e.g. 2002 – 2003]. Describe significant WCR accomplishments/contributions on back of application.)

Local Association Director Year(s): _____
Local Association Secretary Year(s): _____
Local Association Treasurer Year(s): _____
Local Association President-elect Year(s): _____
Local Association President Year(s): _____

Local Association Committee Experience: (List the three most important)

Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____
Committee: _____ Position: _____ Year(s): _____

Other Organization Leadership Experience

Organization Name: _____ Member Since: Year(s): _____
Briefly describe leadership experience obtained: _____

Organization Name: _____ Member Since: Year(s): _____
Briefly describe leadership experience obtained: _____

