FORM: A

The California Association of Marriage & Family Therapists Los Angeles Chapter P.O. Box 480119, Los Angeles, CA 90048 T 323.964.3200

SIG CREATION: REQUEST

Please complete this digital form, and email it to the SIG LIASON (<u>danielfactor@me.com</u>) for placement on the agenda of the next available Executive Board meeting.

Today's Date:	:		
Name of SIG:			
SIG Chair:			
Phone:			
Email:			
Check '	res' to confirm you've read the SIG User Guide:	Yes	No
SIG Chair:			
Phone:			
Email:			
Check '	es' to confirm you've read the SIG User Guide:	Yes	No
PLEASE DESCRIBE THE FOCUS OF YOUR SIG			
PLEASE DESCRIBE YOUR VISION & GOALS FOR YOUR SIG			
PLEASE DESRIBE YOUR EXPERIENCE & TRAINING WITH THE SIG'S FOCUS (a resume is welcomed)			

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PLEASE DESCRIBE YOU LEADERSHIP EXPERIENCE & PHILOSOPHY (a resume is welcomed) PLEASE DESCRIBE YOUR PLANS FOR DEVELOPING A SIG LEADERSHIP TEAM PLEASE STATE THE SIG'S BENEFITS FOR LA CAMFT DO YOU HAVE SPECIFIC ASSISTANCE REQUESTS FOR THE BOARD AT THIS TIME?

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