

# FACULTY APPLICATION



Thank you for your interest in serving on the CSAC Institute Faculty. Please complete this form. Institute staff will contact you to discuss faculty opportunities.

## Contact Information

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

Affiliation and Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Experience

A. Current and previous elected or appointed positions in local government, academia, or in service to local government (or attach resume):

B. Previous instructional or facilitation experience. Please indicate topic and audience:

C. Academic degrees, accreditations, certifications, and/or continuing education programs completed (or attach resume):

D. Course topics or subjects of interest and/or expertise:

E. Why the CSAC Institute faculty: *What do you hope to give and gain from this opportunity?*

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Signature

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Date

**Thank you! Please return this Statement of Interest to:**

Bill Chiat, Dean  
CSAC Institute  
1100 K Street, Suite 101  
Sacramento, CA 95814  
bchiat@counties.org