Visiting Team Member Application



I. Personal: Mr. Ms. Mrs.	Dr		Mal	e Female	Date:
School phone: ()	Cell phone: ()	E-mail Address:		
Mailing Address:		City:	State:	Zip:	Country:
Current School:			Position:		
Education: College and Degree hel	d:				
Major(s):		Minor(5):		
College and Degree held:					
Major(s):		Minor(5):		
College and Degree held:					
Major(s):		Minor(5):		
Current ACSI and/or State Teachin	og Coutificatos Holds				
Professional References: Name		E-m	ail Address		Phone
1				()
2					
3					
Accreditation Experience as a visi	ting team member (iist	iast tillee school	s visited, position on te	ani, other acc	rediting agencies, and y
. I am willing to help edit the repor I. I am interested in being an assist		_	office: 🗌 YES 🗌 N	0	
. International Experience/Backgr	ound (briefly explain an	y international ex	perience you have had):	
inguages spoken/level of fluency:					
umber the following regions in order	r of preference for partic	ipation on an acc	reditation visiting tean	n:	

X. I have experience with online or blended learning: YI. Please indicate your strengths for the Visiting Team Chair choices for which you would be willing to assume major response.	rperson. In each category below, indicat	e your first, second, third, and fourth
CATEGORY 1: Indicate your first (1), second (2), third (3), and fourth (4) choices. Standard 1: Philosophy and Foundations Standard 2: Governance and Executive Leadership Standard 3: Home and Community Relations	CATEGORY 2: Indicate your first (1), see Early Education Program Elementary Program: Bible Computer Science Fine Arts Classic/Modern Languages History/Social Studies Kindergarten Language Arts Mathematics Physical Education Science Technology/Library Media Special Education	Secondary Program: Bible Business Education Computer Science Fine Arts Classic/Modern Languages History/Social Studies Language Arts Mathematics Physical Education Science Technology/Library Media Special Education
Accreditation Values and Ethics for Chair Chairpersons and team members agree to function as volunteer accreditation values for team members and chairpersons: 1. Testimony: Function as a disciple of Jesus Christ in service to 2. Integrity: Maintain exemplary conduct and relationships, and a token gift of appreciation from the school. 3. Collaboration: Treat all team colleagues with respect and endare expected in all conversation.	rpersons and Team Member representatives of ACSI and as such adherenced the Kingdom and to the school that is bed follow the policies and guidelines of AC	Ders ere to the following ACSI eing visited. CSI accreditation. Accept no more than
 Humility: Recognize that there are things to learn from team making appropriate recommendations within the report. Decision Making: Value the opinions, counsel, and ideas of one Professionalism: Be on time and follow the schedule for all m and its location. Members will hold each other accountable for and avoiding distractions from your school. Confidentiality: Keep confidential all materials, team deliberation during the exit report). 	e another while seeking unity in regards to neetings. Abide by professional dress exp or meeting deadlines while focusing effo	o the significant decisions in the process. pectations as indicated for the school orts toward the accreditation process
 Statement of Ethics: As a chairperson or team member I agree To serve according to the values noted above and participate fuel. That there is no actual or perceived conflict of interest preser conversation with school personnel that in any way could interest of the maintain confidentiality of all conversations and deliberate 	ally in all the required accreditation activition at the setween myself and the school, and the seriere with my objectivity.	nat I will not engage in any
I have read and agree to the ACSI Accreditation Values and Ethic implies my willingness and availability to serve on an ACSI Accrequalifications and ability to serve as a volunteer member of an A administrator. I also understand that there are natural, mechanic to various bacteriological or viral agents which may cause illness participating in the on-site accreditation visit and am willing to a	s for Chairpersons and Team Members. I ditation Visiting Team. I acknowledge th CSI Visiting Team. I have permission to p cal, and environmental conditions and ha s, associated with participation in an on-s	understand that submission of this profile e above information accurately reflects my ursue this opportunity from my school azards, including the potential for exposure
Signature:	Date:	