

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: Rochelle Hawkins

Address: 11929 Vandergriff Rd Indpls, IN 46239

Work Phone: 317-697-3932 Home Phone: \_\_

Current Employer: Community Health Network

E-Mail: rhawkins@ecommunity.com

Years of Membership in APTA and Indiana Chapter: 2

POSITION RUNNING FOR: Alternate PTA Caucus Representative

**Education**: Physical Therapist Assistant- University of Indianapolis.

**Previous APTA/Other Leadership Activities**:

Revenue Cycle Liaison for the Physical Therapy and Rehab department at Community Health Network.

Member of the Nominating Committee and the Personnel Committee at Calvary Baptist Church.

Assistant Coach for Girls on the Run in Hancock County.

**Write a statement about why you want to run for a particular position (this will be published in your words):**

I look forward to representing all the PTA’s, as Alternate PTA Caucus Representative. I am very interested in learning more and I am excited to be introduced to the intricacies of how the INAPTA works to support all the therapists in the state of Indiana and on a national level. **Consent to Serve Statement:**

I acknowledge the duties of the above position have been provided to me and I agree to serve in the position should I be slated and then elected. I am willing and able to attend all INAPTA Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of INAPTA.

Signature: Rochelle Hawkins, PTA Date: 9/9/16

PLEASE PROVIDE A HEADSHOT (DOES NOT NEED TO BE FORMAL)

Please return the Biographical Statement & Consent Form and Headshot to [inapta@apta.org](mailto:inapta@apta.org) by September 16, 2016.