

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: Rochelle Hawkins

Address: 11929 Vandergriff Rd Indpls, IN 46239

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

Current Employer: Community Health Network

E-Mail: rhawkins@ecommunity.com

Years of Membership in APTA and Indiana Chapter: 20 years

POSITION RUNNING FOR: PTA Caucus Representative

Education: PTA

Previous APTA/Other Leadership Activities:

Alternate PTA Representative 2017

Vice Chair Rehab Executive Committee --IHA

Revenue Cycle Liaison for Physical Therapy and Rehab Department

Chair of Nominating Committee --Calvary Baptist Church

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

I had the honor of being the Alternate PTA Representative this year. I have learned so much about the PTA Caucus and the APTA on a State and National level, but there is so much more to learn. I would like the opportunity to continue to serve in the PTA Caucus, representing PTA’s in Indiana.

**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

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 15, 2017.