Incoming Officer Transition Questionnaire

Name:_______________________________________
Position:_____________________________________
Dates you will be in office:_____________________

What do you view to be the responsibilities of this position?

What do you hope to gain from this position?

What aspects of the position do you anticipate to be the most challenging?
What programs/initiatives, from this past year, would you like to continue doing?

What are some new ideas that you would like to implement during your time in office?

Additional Questions: