

## **CHAPTER NOMINATIONS/APPOINTMENTS**

### **BIOGRAPHICAL FACT SHEET**

#### **INSTRUCTIONS**

The information requested will be used in making nominations for elected and/or appointed positions. The information is essential for the careful consideration of a nominee. Please complete and be specific in your responses.

- ❖ **Nominations for chapter positions should be completed and mailed to the Chapter Office**
- ❖ **Deadline:** \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Member ID Number

## NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

_____ Last Name	_____ First Name	_____ Middle Initial(s)
_____ Prior Name if different from above	_____ Chapter	_____ Region
_____ Job Title	_____ Place of Employment & Address	_____ City/State/Zip Code
_____ Preferred Mailing Address	_____ City	_____ State
		_____ Zip Code
_____ E-mail Address	[_____] _____ Business Phone	[_____] _____ Home Phone
[_____] _____ Business Fax	[_____] _____ Home Fax	

**POSITION (S) SOUGHT:** Please rank in order three (3) positions that you are willing to be nominated for with one being your first choice.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

If we are unable to slate you for the above position(s) would you be willing:

to be slated for any other position? YES  NO

to be appointed to any other position YES  NO

If "Yes" please list

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### PROFESSIONAL HISTORY

Highest social work degree \_\_\_\_\_  
BSW, MSW, Ph.D., DSW etc.

Year earned \_\_\_\_\_

Other professional degree(s) \_\_\_\_\_

Year earned \_\_\_\_\_

College/School of Social Work

\_\_\_\_\_  
Specify

**Students:** Indicate degree sought and year of anticipated graduation. \_\_\_\_\_  
Degree Year

License: specify \_\_\_\_\_  
State Date Type No Licensure in State

Social work credential(s) \_\_\_\_\_  
(Specify) ACSW, DCSW, QCSW, SSWS

**NASW CHAPTER LEADERSHIP HISTORY** To your knowledge, what is the person most interested in doing within the Chapter. Please identify all positions for which you believe the nominee is qualified and in which he/she may be interested. If the individual has prior NASW Leadership experience, please designate the year(s) of service.

**ELECTED AND APPOINTED POSITIONS**

**YEAR(S)**

- President** \_\_\_\_\_
- Vice President** \_\_\_\_\_
- Secretary** \_\_\_\_\_
- Treasurer** \_\_\_\_\_
- Board Member** \_\_\_\_\_
- Member-at-large** \_\_\_\_\_
- Delegate Assembly** \_\_\_\_\_
- Unit Representative** \_\_\_\_\_
- Unit Chair** \_\_\_\_\_
- MSW Student Representative** \_\_\_\_\_
- BSW Student Representative** \_\_\_\_\_
- Committee on Nominations and Leadership Identification** \_\_\_\_\_
- Committee Chair** \_\_\_\_\_
- Committee Member** \_\_\_\_\_
- Other:** \_\_\_\_\_

**OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT:**

Organization	Position Title/Role	Year(s)
_____	_____	_____
_____	_____	_____

Do you have experience speaking to the media? YES  NO

Do you have experience as a public elected official? YES  NO

If yes please specify \_\_\_\_\_  
Federal, State, or Local /Title and Term

Have you ever or do you have pending:	Adjudication for unethical practice?	YES $\theta$	NO $\theta$
	Licensure or certificate disciplinary proceedings?	YES $\rho$	NO $\rho$

If "Yes" please explain and provide dates:

Applicant's Name

Member ID Number

**SOCIAL WORK EXPERTISE** Please enter one (1) and two (2) in each section:

**Primary and Secondary Practice:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aging                | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Occupational SW/EAP |
| <input type="checkbox"/> Alcohol/Drug Abuse   | <input type="checkbox"/> Health           | <input type="checkbox"/> School Social Work  |
| <input type="checkbox"/> Child/Family Welfare | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Other _____         |
|   |   | Specify                                      |

**Primary and Secondary Function:**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Administration/Management  | <input type="checkbox"/> Research/Policy Development | <input type="checkbox"/> Teaching    |
| <input type="checkbox"/> Community Organizing       | <input type="checkbox"/> Supervision                 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical / Direct Practice | <input type="checkbox"/> Training                    | Specify                              |

**Primary and Secondary Work Focus:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AIDS/HIV                       | <input type="checkbox"/> Grief/Bereavement              | <input type="checkbox"/> International            |
| <input type="checkbox"/> Conflict Resolution            | <input type="checkbox"/> Health                         | <input type="checkbox"/> Violence/Victim Services |
| <input type="checkbox"/> Development/Other Disabilities | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Employment Related             | <input type="checkbox"/> Income Maintenance             | Specify   |
| <input type="checkbox"/> Family Issues                  | <input type="checkbox"/> Individual/Behavioral Problems |   |

**Organizational Type:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic                 | <input type="checkbox"/> Federal, Military    | <input type="checkbox"/> State Government     |
| <input type="checkbox"/> For-profit               | <input type="checkbox"/> Federal, Nonmilitary | <input type="checkbox"/> Private Practitioner |
| <input type="checkbox"/> Private (Not-for-profit) | <input type="checkbox"/> Local Government     |   |

Languages other than English used in practice \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT ONLY**

OPTIONAL: The following information is requested to assist NASW in achieving the bylaws mandate to have its leadership positions representative of the membership. NASW cannot guarantee confidentiality of this information, though it is intended for internal use only.

Race/Ethnicity (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> African American (Not Hispanic in Origin) | <input type="checkbox"/> Other Hispanic/Latino          |
| <input type="checkbox"/> American Indian/Native Alaskan            | <input type="checkbox"/> Puerto Rican                   |
| <input type="checkbox"/> Asian American/Pacific Islander           | <input type="checkbox"/> White (Not Hispanic in Origin) |
| <input type="checkbox"/> Chicano/Mexican American                  | <input type="checkbox"/> Other _____                    |
- Specify

Gender:             Female             Male

Sexual Orientation:    Heterosexual       Gay Male             Lesbian             Bisexual