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: ________________
NATIONAL ASSOCIATION OF SOCIAL WORKERS

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 θ NO θ
- to be appointed to any other position YES θ NO θ

If “Yes” please list

PROFESSIONAL HISTORY

Highest social work degree ____________________________ Year earned ____________________________

BSW, MSW, Ph.D., DSW etc.

Other professional degree(s) ____________________________ Year earned ____________________________

College/School of Social Work ____________________________

Specify

Updated and approved by NASW Board of Directors, November 2001
**Students**: Indicate degree sought and year of anticipated graduation.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year</th>
</tr>
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</table>

License: specify

<table>
<thead>
<tr>
<th>State</th>
<th>Date</th>
<th>Type</th>
<th>No Licensure in State</th>
</tr>
</thead>
</table>

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**

- [ ] 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:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position Title/Role</th>
<th>Year(s)</th>
</tr>
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<tbody>
<tr>
<td></td>
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Do you have experience speaking to the media?  YES  θ  NO  θ

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

If yes please specify ____________________________________________________________________________

Federal, State, or Local /Title and Term
NATIONAL ASSOCIATION OF SOCIAL WORKERS

Have you ever or do you have pending: Adjudication for unethical practice?  YES ☐  NO ☐
Licensure or certificate disciplinary proceedings?  YES ☐  NO ☐

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:
☐ Aging  ☐ Criminal Justice
☐ Alcohol/Drug Abuse  ☐ Health
☐ Child/Family Welfare  ☐ Mental Health
☐ Occupational SW/EAP
☐ School Social Work
☐ Other __________________—— Specify

Primary and Secondary Function:
☐ Administration/Management  ☐ Research/Policy Development
☐ Community Organizing  ☐ Supervision
☐ Clinical / Direct Practice  ☐ Training
☐ Teaching
☐ Other __________________—— Specify

Primary and Secondary Work Focus:
☐ AIDS/HIV  ☐ Grief/Bereavement
☐ Conflict Resolution  ☐ Health
☐ Development/Other Disabilities  ☐ Housing
☐ Employment Related  ☐ Income Maintenance
☐ Family Issues  ☐ Individual/Behavioral Problems
☐ International
☐ Violence/Victim Services
☐ Other __________________—— Specify

Organizational Type:
☐ Academic  ☐ Federal, Military
☐ For-profit  ☐ Federal, Nonmilitary
☐ Private (Not-for-profit)  ☐ Local Government
☐ State Government
☐ Private Practitioner
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)
- θ African American (Not Hispanic in Origin)
- θ Other Hispanic/Latino
- θ American Indian/Native Alaskan
- θ Puerto Rican
- θ Asian American/Pacific Islander
- θ White (Not Hispanic in Origin)
- θ Chicano/Mexican American
- θ Other ___________________
  Specify

Gender: θ Female θ Male

Sexual Orientation: θ Heterosexual θ Gay Male θ Lesbian θ Bisexual