



Date: _____

Board of Directors Nomination Form

Member ID #: _____

Personal Information

Full Name: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Home Fax: _____

Business Phone: _____ Business Fax: _____

Email Address(s): _____

Birth Date: _____

Employer: _____ Job Title: _____

Employer Address: _____
Street Address Suite/Unit #

City State ZIP Code

Professional History

Highest Social Work Degree: _____ Year Earned: _____

College/School of Social Work: _____ Location: _____

Other Professional Degrees: _____ Year Earned: _____

LISCENSURE License type: _____ State(s) of Licensure: _____

Date of Licensure: _____ Other Social Work Credentials: _____

FOR STUDENTS Indicate Degree Sought: _____ Anticipated Year of Graduation: _____

Position(s) Sought

Please rank in order the three (3) positions that you would be willing to be nominated for with one (1) being your first choice. A list of vacant positions is available from your Branch Representative of the Chapter Nominations Committee or contact the MD Chapter NASW office at (410) 788-1066 ext. 16.

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 <input type="checkbox"/>	NO <input type="checkbox"/>
...to be appointed to any other position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please
specify: _____

Nomination Information

	Self	Chapter Staff	NASW Member	Other
Application Submitted by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not self,
indicate name: _____

Have you ever or do you have pending proceedings for unethical practice? Yes No

Have you ever or do you have pending licensure or certificate disciplinary proceedings? Yes No

Leadership: NASW is looking for leaders who support the mission and goals of the Association, and who will support its growth and development on behalf of the membership and groups served by the profession. What leadership, collaborative skills, and experience do you bring to this effort?

Social Work Practice Expertise: Please list your practice focus (Aging, Child Welfare, Health, etc.).

NASW Leadership History: Please list previous leadership positions which you have held with NASW at the National, Chapter, or Branch levels.

Skills/Experience: Please write a paragraph describing the skills/experience you would bring to the board and why you are seeking this office. This statement will be published on our website for the chapter to view when voting.

Demographic Information

The following information is optional, but is requested to assist NASW in achieving the by-laws mandate to have its leadership positions representative of the membership.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
Race/Ethnicity	African American <input type="checkbox"/>	Native American <input type="checkbox"/>	Latino <input type="checkbox"/>	Asian American <input type="checkbox"/>	White Non-Hispanic <input type="checkbox"/>	Other <input type="checkbox"/>

Please Return Application to:

NASW MARYLAND CHAPTER
5750 Executive Drive Suite 100
Baltimore, MD 21228

Phone: (410) 788-1066 Fax: (410) 747-0635
Email: dmcclellan.naswmd@socialworkers.org