

National Association of Social Workers

Chapter Leadership Candidate 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 and their suitability for the position of interest as expressed. Please be complete and specific in your responses.

- **Please type or print**
- **In addition to this please submit a Cover Letter with Statement of Intent and Qualifications, a Platform Statement, current Resume and Reference listing of three (3) professional references.**

NOTE: Individuals elected and / or appointed to a position must be members of this association and remain in good standing for the duration of their term as a Volunteer Leader. Remember, you must be dedicated to working as part of a collaborative team in the best interest of this chapter.

COMPLETE AND SUBMIT TO:

NASW-Alabama Chapter
ATTN: CCNLI
P.O. Box 231366
Montgomery, AL 36123

PHONE: 334-356-6841
FAX: 334-460-1035

EMAIL: admincom.naswal@socialworkers.org

(Type "**Alabama Chapter Election Ballot**" in subject box)

(During recruitment periods an electronic version of this application can be found at www.naswal.org)

Date: _____

NASW Member ID #: _____

NASW-ALABAMA NOMINATIONS / APPOINTMENTS BIOGRAPHICAL FACT SHEET

Last Name	First Name	Middle Initial(s)
Prior Name if different from above	Membership Chapter	Division
Job Title	Place of Employment	City
Mailing Address	City	State
Primary E-mail Address	[] Home Phone	[] Home Fax
[] Business Phone	[] Business Fax	

POSITION SOUGHT: Please designate the position that you seek to be nominated for and confirm your willingness to fulfill.

Will you perform the duties of this position? YES NO **Will you lead by example?** YES NO

If "Yes" to these, please explain HOW you will be an actively engaged leader of this chapter: _____

Are you willing to be appointed to serve on a committee or task force? YES NO

If "Yes" please list areas of interest and / or influence you may possess: _____

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? Are you willing to give of your time and resources to better the chapters capacity?

PROFESSIONAL HISTORY

Highest Social Work Degree _____ Year earned _____

BSW, MSW, Ph.D., DSW

College/School of Social Work _____

Other professional Degree(s) _____ Year earned _____

STUDENTS: Indicate degree sought and year of anticipated graduation.

			Degree	Year
Social Work Licensure:	_____	-	_____	_____
	State		Expiration Date	License ID#
		Type		

Additional Social Work Credential(s) _____
 (Specify) ACSW, DCSW, QCSW, etc.

NASW LEADERSHIP HISTORY Certain positions require prior NASW leadership experience. Please check the appropriate boxes describing your NASW experience.

- a) As a Board Member National Chapter Year(s) _____
- b) As a Committee or Task Force Member National Chapter Year(s) _____
- c) As a Division Representative/ Director Specify _____ Year(s) _____
- d) As a Division Steering Committee Member Year(s) _____
- e) As a Delegate of Delegate Assembly Year(s) _____

OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT:

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

- Do you have experience Public speaking experience? YES NO
- 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 NO
- Licensure or certificate disciplinary proceedings? YES NO

If "Yes" please explain and provide dates. Use additional sheets if needed.

SOCIAL WORK EXPERTISE: Please enter one (1) for primary and two (2) for secondary 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: _____

Level of language skill: High Medium Basic

TO BE COMPLETED BY APPLICANT ONLY

OPTIONAL: The following information is requested to assist NASW in achieving a diverse leadership and one that is representative of our 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 Transgender

Sexual Orientation: Heterosexual Gay Male Lesbian Bisexual

Other Diverse qualities: _____

Statement of Understanding

As a Board Member, attendance at 2 Quarterly face-to-face meetings and 2 Conference Calls is required. Additionally, Chapter Leadership is required to actively participate in the planning, facilitation, and execution of both the NASW – Alabama Chapter Annual Conferences and Advocacy Days. Minimal day and / or overnight travel may be required throughout the duration of your term. Board Members are required to fully participate and engage in Chapter Board Meetings and other Chapter activities as determined by the annually adopted agenda of statewide events and activities.

The NASW – Alabama Chapter Board is a WORKING Board that is responsible for planning, coordinating and facilitating programming initiatives and membership activities throughout the state of Alabama. Without ACTIVE engagement and leadership by example from our Board Members, we are unable to meet the needs of our Membership. Our designated purpose is to enhance the professionalization of Social Work Practice throughout our communities and the field at large, and it takes the commitment and dedication of EACH Volunteer Leader to accomplish that goal. This opportunity requires your engagement and creativity to increase our capacity, effectiveness and efficiency as a chapter – it is not just a “resume builder”.

Signing below indicates that you have read the Charges of the position which you are applying for and indicates that you AGREE TO and UNDERSTAND the requirements of being a Volunteer Leader and / . Or Board Member of this Chapter.

Signature of Candidate

Date