

**NASW/Texas Election Nomination and Biographical Information Form**  
2019 Elections

Thank you for your interest in serving in a leadership position with NASW/Texas. Holding a leadership position within NASW/TX will help to ensure the advancement of the profession.

Please carefully consider the time required to fulfill the obligation if you choose to place your name forward for consideration for slating. The NLIC committee has the responsibility of putting together an appropriate slate to meet the needs of the chapter and the interests of persons considering leadership. The NLIC committee cannot guarantee you will be slated for the position of your first choice. This application does not guarantee placement on the current year's ballot. Please complete this document as thoroughly as possible to assist the NLIC in its decision-making process. *Use this form as a template to complete the online form by November 26, 2018.*

**Personal Information**

**Name:** \_\_\_\_\_ **Member ID Number:** \_\_\_\_\_  
**Name For Ballot** \_\_\_\_\_

**Current Branch** \_\_\_\_\_ **Region** \_\_\_\_\_

**Preferred** Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Preferred** Phone: \_\_\_\_\_

**Preferred** Email: \_\_\_\_\_

**NASW/Texas Leadership Interest**

*Please mark all that apply and rank in order of interest, starting with #1 for position of most interest.*

<b>Position</b>	<b>Rank</b>	<b>Position</b>	<b>Rank</b>
<input type="checkbox"/> 2 <sup>nd</sup> Vice President, Budgeting & Planning	_____	<input type="checkbox"/> BSW Student Rep	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> MSW Student Rep	_____
<input type="checkbox"/> Regional Board Member	_____	<input type="checkbox"/> Branch Chair	_____
		<input type="checkbox"/> Branch NLIC	_____

**Education Information**

**Highest Social Work Degree:**     BSW                       MSW                       DSW                       Ph.D.  
**College/University:** \_\_\_\_\_ **Year Earned:** \_\_\_\_\_

**If a current student:**

**Degree sought:**                       BSW                       MSW                      **Expected Month/Date**  
**College/University:** \_\_\_\_\_ **of Graduation** \_\_\_\_\_

## Licensure and Credentials

(IPR means TSBSWE approved for independent non-clinical practice)

**State of Licensure:**  Texas  Other (specify): \_\_\_\_\_ **License Number:** \_\_\_\_\_  
**Licensure:**  LBSW  LBSW-IPR  LMSW  LMSW-IPR  LMSW-AP  LCSW  
**NASW**  ASW-G  C-ACYFSW  C-ASWCM  C-CATODSW  C-CYFSW  C-SSWS  
**Credentials:**  C-SWCM  CSW-G  C-SWHC  QCSW  SW-G

Are there **present complaints** filed against you with NASW or the Texas State Board of Social Worker Examiners?

- Yes  
 No

If yes, explain the circumstances:

Have **actions** been taken by NASW, the TSBSWE, or other jurisdiction's social work board against your license?

- Yes  
 No

If yes, are you **currently fulfilling terms** of NASW, the TSBSWE or other jurisdiction's social work board?

- Yes  
 No

If yes to any of the above, **explain:**

## Employment Information

Current Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**Work Setting:** *Check all that apply.*

- |   |   |  |
|---|---|--|
| <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"/> Independent Clinical Practice |
| <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> Local Government     |  |

## Areas of Expertise

**Social Work Field of Practice:** *Please check as many as apply.*

**Aging**

- Primary
- Secondary

**Health**

- Primary
- Secondary

**Child/Family Welfare**

- Primary
- Secondary

**Mental Health**

- Primary
- Secondary

**School Social Work**

- Primary
- Secondary

**Criminal Justice**

- Primary
- Secondary

**Substance Abuse**

- Primary
- Secondary

**Occupational SW/EAP**

- Primary
- Secondary

**Other**

- Primary
- Secondary

**Specify:** \_\_\_\_\_

**Primary and Secondary Work Function:** *Please check as many as apply.*

**Administration/Management**

- Primary
- Secondary

**Research/Policy Development**

- Primary
- Secondary

**Community Organizing**

- Primary
- Secondary

**Supervision**

- Primary
- Secondary

**Social Work Education**

- Primary
- Secondary

**Clinical Mental Health**

- Primary
- Secondary

**Training**

- Primary
- Secondary

**AIDS/HIV**

- Primary
- Secondary

**Grief/Bereavement**

- Primary
- Secondary

**International**

- Primary
- Secondary

**Conflict Resolution**

- Primary
- Secondary

**Health**

- Primary
- Secondary

**Violence/Victim Services**

- Primary
- Secondary

**Developmental/Other Disabilities**

- Primary
- Secondary

**Housing**

- Primary
- Secondary

**Employment Related**

- Primary
- Secondary

**Income Maintenance**

- Primary
- Secondary

**Family Issues**

- Primary
- Secondary

**Individual/Behavioral Problems**

- Primary
- Secondary

**Other**

- Primary
- Secondary

**Specify:** \_\_\_\_\_

## Leadership History

**NASW Leadership History** *Please mark all that apply and note the year position was held.*

Position	Year	Position	Year	Position	Year
<input type="checkbox"/> President	_____	<input type="checkbox"/> MSW Student Rep	_____	<input type="checkbox"/> Delegate Assembly	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> BSW Student Rep	_____	<input type="checkbox"/> Committee Chair	_____

### NASW Leadership History Continued

Position	Year	Position	Year	Position	Year
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Board Member	_____	<i>Specify Committee:</i>	_____
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> NLIC Rep	_____	<input type="checkbox"/> Committee Member	_____
<input type="checkbox"/> Branch Chair	_____	<input type="checkbox"/> Other: _____	_____	<i>Specify Committee:</i>	_____
<input type="checkbox"/> NLIC Chair	_____				

### Other Leadership Experience Relevant to the Position Sought

Organization	Position/Title/Role	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Do you have experience speaking to the media?**       Yes       No  
**Do you have experience as a public elected official?**       Yes       No  
 If yes, level:       Federal       State       Local  
 If yes, please specify title and term: \_\_\_\_\_

### Demographic Information

*Optional, but helpful!*

**Gender:**       Female       Male       Other  
**Sexual Orientation:**       Bisexual       Gay       Heterosexual       Lesbian       Other

**Ethnicity:**       African American       American Indian or Native American       Asian or Pacific Islander  
                    Black       Hispanic/Latino       Mexican American  
                    Puerto Rican       White (not Hispanic in origin)  
                    Other (Specify): \_\_\_\_\_

**Disability**       Specify: \_\_\_\_\_

**Languages, other than English used in practice:**  
 \_\_\_\_\_

**Other demographic information** you believe would be helpful to ensuring adequate representation of our membership:  
 \_\_\_\_\_

**Position Statement**

A position statement is required for anyone running for an elected NASW/Texas position. If you are slated your position statement will be published in NETWORK.

**The position statement should be the following length:**

200 Words: President-Elect, Vice President, Treasurer, Secretary, and NLIC Chair

75 Words: Board Member, Branch Chair, Branch NLIC, Student Representatives, Delegate Assembly

This information will assist the NLIC committee to determine slating of individuals. If slated, the position statement will be published in NETWORK. If your statement is over the word count listed above, it will not be edited but will be cut off at the allowed word count. Please review your statement carefully.

**Nominated by:**     NLIC Rep.             Self  
 Other (specify) \_\_\_\_\_