

NASW-NYS Chapter 2008 Nomination Form for Elected Office

The Nominations & Leadership Committee uses this information to establish the preliminary slate for elected governance positions and appointments to committees and task forces. You may nominate yourself or another colleague. All nominees must be a member in good standing of the NASW-NYS Chapter. Nominees will be asked to complete a Biographical Fact Sheet to be considered for selection.

Return to: NASW-NYS Attn: CNLI, 188 Washington Ave, Albany, NY 12210
Fax: 518-463-6446 **Email:** Emily_Martinez@naswnys.org

NAME OF NOMINEE: _____
Please Print (Last) (First) (M.I.)

Credentials: _____ NASW Member ID#: _____
(PhD, ACSW, LMSW, etc.)

Nominee's Address: _____
(Street) (City) (State) (Zip Code)

Home Phone:(____) _____ Work Phone:(____) _____ E-Mail: _____

Business/ School Address: _____
(Agency / School Name)

(Street) (City) (State) (Zip Code)

ETHNICITY:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Asian American or Pacific Islander | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> African American | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Other | |

To your knowledge, what role is the person most interested in and qualified for having within the Chapter? Please identify all positions that apply.

ELECTED POSITIONS:

- Vice President
- Treasurer
- Board Member-at-Large
- BSW Student Representative to the Board of Directors
- MSW Student Representative to the Board of Directors
- Division Director to the Board of Directors
- Chair of the Committee on Nominations & Leadership Identification
- Committee on Nominations & Leadership Identification Representative

Please list area(s) of expertise held by the nominee that you believe qualifies the person for the position(s) indicated.

NOMINATOR (if other than nominee): _____
(Please Print) Last First M.I.

Address: _____
(Street) (City) (State) (Zip Code)

Business Phone: (____) _____ Home Phone: (____) _____

THE CHAPTER OFFICE MUST RECEIVE THIS FORM BY NOVEMBER 5, 2007

Thank You for Helping to Promote Social Work Leadership within NASW-NYS!