

Date: \_\_\_\_\_ 20\_\_\_\_\_

Membership I.D. Number \_\_\_\_\_

## NASW-LA CHAPTER NOMINATIONS/COMMITTEE APPOINTMENTS

### BIOGRAPHICAL FACT SHEET

|   |                       |                           |
|---|-----------------------|---------------------------|
| _____                                     | _____                 | _____                     |
| <b>Last Name</b>                          | <b>First Name</b>     | <b>Middle Initial (s)</b> |
| _____                                     | _____                 | _____                     |
| <b>Prior Name if different from above</b> | <b>Chapter</b>        | <b>Region</b>             |
| _____                                     | _____                 | _____                     |
| <b>Mailing Address (work or home)</b>     | <b>City</b>           | <b>State</b>              |
| _____                                     | _____                 | _____                     |
| <b>E-Mail Address</b>                     | <b>Business Phone</b> | <b>Home Phone</b>         |
| _____                                     | _____                 | _____                     |
| <b>Business Fax</b>                       | <b>Home Fax</b>       |                           |
| _____                                     | _____                 |                           |

**POSITION(S)/APPOINTMENT 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     NO

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

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

# NASW-LA CHAPTER NOMINATIONS

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Member ID Number**

## PROFESSIONAL HISTORY

College/School of Social Work \_\_\_\_\_  
Specify

**Students: Indicate degree sought and year of anticipated graduation**

\_\_\_\_\_  
Degree Year

Highest social work degree \_\_\_\_\_ Year earned \_\_\_\_\_  
BSW, MSW, Ph.D., DSW

Other professional degree(s) \_\_\_\_\_ Year earned \_\_\_\_\_

License: Specify \_\_\_\_\_  
State Date Type

Social work credential(s) \_\_\_\_\_  
(Specify) ACSW, DCSW, QCSW, SSWS

## Field of Practice:

Aging  Criminal Justice  Occupational SW/EAP  
 Alcohol/Drug Abuse  Health  School Social Work  
 Child/Family Welfare  Mental Health  Other \_\_\_\_\_  
Specify

## Method of Practice:

Community Organizing  Management/Administration  Research  
 Direct Service  Policy Analysis  Teaching  
 Other \_\_\_\_\_  
Specify

## Areas of Expertise:

AIDS/HIV  Health  International  
 Housing  Family Issues  Income Maintenance  
 Violence/Victim Services  Grief/Bereavement  
 Individual/Behavioral Problems  Development/Other Disabilities  Other \_\_\_\_\_  
Specify

## Employment Status:

Academic  Public  Student  
 Private (For-profit)  Retired  Unemployed  
 Private (Not-for-profit)  Self-Employed  Other \_\_\_\_\_  
Specify

# NASW-LA CHAPTER NOMINATIONS

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Member ID Number**

## LEADERSHIP HISTORY

If you have served as an NASW volunteer leader please check the appropriate boxes.

- a) As a board member                       National                       Chapter      Year(s) \_\_\_\_\_
- b) As a committee or task force member                       National                       Chapter      Year(s) \_\_\_\_\_
- c) As a section steering member                      Specify \_\_\_\_\_                      Year(s) \_\_\_\_\_
- d) As a unit, branch or district leader                      Year(s) \_\_\_\_\_
- e) As a delegate                      Year(s) \_\_\_\_\_

Leadership outside of NASW:

Organization \_\_\_\_\_                      Position Title \_\_\_\_\_                      Year(s) \_\_\_\_\_

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

If yes please specify \_\_\_\_\_  
Federal, State, or Local      Title and Term

Are you willing to speak to the media on behalf of NASW?                       YES                       NO

Are you willing to travel and give speeches?                       YES                       NO

## OPTIONAL:

**The following information is required to assist NASW in achieving its affirmative action goals. This information will not be confidential.**

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"/> Other/Mixed                    |
| <input type="checkbox"/> Asian/Pacific Islander                    | <input type="checkbox"/> Puerto Rican                   |
| <input type="checkbox"/> Chicano/Mexican American                  | <input type="checkbox"/> White (Not Hispanic in Origin) |

Gender:                       Female                       Male

Disability:                       Yes                       No

Sexual Orientation:                       Heterosexual                       Gay Male

Lesbian                       Bisexual