

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>Zip Code</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?

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# 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:

- |   |   |  |
|---|---|--|
| <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

## Method of Practice:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Management/Administration | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Direct Service       | <input type="checkbox"/> Policy Analysis           | <input type="checkbox"/> Teaching    |
|   |  | <input type="checkbox"/> Other _____ |
- Specify

## Areas of Expertise:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AIDS/HIV                       | <input type="checkbox"/> Health                         | <input type="checkbox"/> International      |
| <input type="checkbox"/> Housing                        | <input type="checkbox"/> Family Issues                  | <input type="checkbox"/> Income Maintenance |
| <input type="checkbox"/> Violence/Victim Services       | <input type="checkbox"/> Grief/Bereavement              |   |
| <input type="checkbox"/> Individual/Behavioral Problems | <input type="checkbox"/> Development/Other Disabilities | <input type="checkbox"/> Other _____        |
- Specify

## Employment Status:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Academic                 | <input type="checkbox"/> Public        | <input type="checkbox"/> Student     |
| <input type="checkbox"/> Private (For-profit)     | <input type="checkbox"/> Retired       | <input type="checkbox"/> Unemployed  |
| <input type="checkbox"/> Private (Not-for-profit) | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Other _____ |

**NASW-LA CHAPTER NOMINATIONS**


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**Applicant's Name**


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**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 σ 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