

Date: _____ 20_____

Membership I.D. Number _____

NASW-LA CHAPTER NOMINATIONS/COMMITTEE APPOINTMENTS

BIOGRAPHICAL FACT SHEET

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

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:

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

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 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