

NASW NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

The information requested will be used in making nominations for elected and/or appointed positions. The information is essential for the careful consideration of a nominee. Please be complete and specific in your responses. NOTE: All members elected and/or appointed to a position, must remain in good standing for the duration of their term as a volunteer leader of this association.

COMPLETE AND SEND TO:

NASW Wyoming Chapter
 2315 Dunn Avenue
 Cheyenne, WY 82001

FAX: 307-222-0179
 Email: NASWwyo@hotmail.com

NASW NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

Name _____ Other name(s) used? _____

- | | | |
|--|---|---|
| <input type="checkbox"/> South East Region | <input type="checkbox"/> South West Region | <input type="checkbox"/> South Central Region |
| <input type="checkbox"/> East Central Region | <input type="checkbox"/> North Central Region | <input type="checkbox"/> North East Region |

Current Job Title _____

Place of Employment & Address _____

Preferred Mailing Address _____

E-mail Address _____

Phone(s) _____ Fax _____

POSITION(S) SOUGHT - ELECTED

Please rank in order three (3) positions that you are willing to be nominated for with one being your first choice.

- | | | |
|---|---|--|
| <input type="checkbox"/> President | <input type="checkbox"/> President Elect | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> At-Large Representative |
| <input type="checkbox"/> Regional Representative | <input type="checkbox"/> BSW Representative | <input type="checkbox"/> MSW Representative |
| <input type="checkbox"/> Nominations and Leadership Identification Committee Member | | |

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

to be appointed to any other position YES NO

If "Yes" please list: _____

COMMITTEE MEMBER: Please indicate the committee(s) on which you are interested in serving.

- | | |
|---|--|
| <input type="checkbox"/> Conference Planning Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Committee on Ethics | <input type="checkbox"/> Legislative Committee |
| <input type="checkbox"/> Licensure/Certification and Continuing Education Committee | |

PROFESSIONAL HISTORY

Highest social work degree _____ Year earned _____
Students: Indicate degree sought and year of anticipated graduation.

Other professional degree(s) _____ Year earned _____

Social work credential(s) (*Specify*) ACSW, DCSW, QCSW, SSWS) _____

College/School of Social Work attended _____

Current License / Certification: specify _____

Have you ever or do you have pending:

- Adjudication for unethical practice? [] YES [] NO
- Licensure or certification disciplinary proceedings? [] YES [] NO

If "yes" please attach an additional sheet to explain and provide dates.

NASW LEADERSHIP HISTORY

Certain positions require prior NASW leadership experience. Please check the appropriate boxes.

- [] As a chapter board member (Year(s) _____) [] As an assembly delegate (Year(s) _____)
- [] As a regional representative (Year(s) _____) [] As a committee member (Year(s) _____)

- Do you have experience speaking to the media? [] YES [] NO
- Do you have experience as a public elected official? [] YES [] NO

SOCIAL WORK EXPERTISE: Please enter one (1) and two (2) in each section:

Primary and Secondary Practice:

- [] Aging [] Criminal Justice [] Occupational SW/EAP
- [] Alcohol/Drug Abuse [] Health [] School Social Work
- [] Child/Family Welfare [] Mental Health [] Other _____

Primary and Secondary Function:

- [] Administration/Management [] Research/Policy Development
- [] Teaching [] Community Organizing
- [] Supervision [] Clinical / Direct Practice
- [] Training [] Other _____

Primary and Secondary Work Focus:

- [] AIDS/HIV [] Grief/Bereavement [] International
- [] Conflict Resolution [] Health [] Violence/Victim Services
- [] Development/Other Disabilities [] Housing [] Employment Related
- [] Income Maintenance [] Family Issues [] Individual/Behavioral Problems
- [] Other _____

NASW is looking for leaders who support the mission and goals of the Association, and who will support its growth and development on behalf of the membership and groups served by the profession. **Please attach an additional sheet explaining the leadership, collaborative skills and experience you will bring to this effort.** Please sign & date the page you attach.

OPTIONAL: The following information is requested to assist NASW in achieving the bylaws mandate to have its leadership positions representative of the membership. NASW cannot guarantee confidentiality of this information, though it is intended for internal use only.

Race/Ethnicity (check all that apply)

- [] African American [] American Indian/Native Alaskan [] Asian American/Pacific Islander
- [] Chicano/Mexican American [] Other Hispanic/Latino [] Puerto Rican
- [] White (Not Hispanic in Origin) [] Other (please specify) _____

Gender: [] Female [] Male [] Transgendered

Sexual Orientation: [] Heterosexual [] Gay Male [] Lesbian [] Bisexual