



NATIONAL ELECTED/APPOINTED BIOGRAPHICAL FACT SHEET

INSTRUCTIONS

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.

- **To be completed by nominee.**
- **Please type (or print in black felt-tip pen for photocopying purposes)**
- **All information submitted must be on the form, not on attached sheets. Extra sheets will not be reviewed.**
- **Please submit a copy of your résumé or vita along with your Biographical Fact Sheet.**

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 MAIL TO:
NASW Governance Office
750 First Street, NE, Suite 700
Washington, DC 20002-4241
Fax: 202-336-8313
Email: knepote@naswdc.org

DATE: _____

Member ID Number _____



NATIONAL NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

Last Name	First Name	Middle Initial(s)
Prior Name if different from above	Chapter	Region
Job Title	Place of Employment & Address	City/State/Zip Code
Preferred Mailing Address	City	State
E-mail Address	[] Business Phone	[] Home Phone
[] Business Fax	[] Home Fax	

POSITION(S) 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

to be appointed to any other position YES NO

If "Yes" please list

Submitted by: Self Chapter staff Name _____
 NASW member Name _____ National staff Name _____

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. What leadership, collaborative skills and experience do you bring to this effort?

Applicant's Name _____

Member ID Number _____

PROFESSIONAL HISTORY

Highest social work degree _____ Year earned _____
BSW, MSW, Ph.D., DSW etc.

Other professional degree(s) _____ Year earned _____

College/School of Social Work _____

Students: Indicate degree sought and year of anticipated graduation. _____
Specify Degree Year

License: specify _____
State Date Type No Licensure in State

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

NASW LEADERSHIP HISTORY: Certain positions require prior NASW leadership experience. Please check the appropriate boxes describing your NASW experience.

- 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) _____

OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT:

Organization	Position Title/Role	Year(s)
_____	_____	_____
_____	_____	_____

- Are you currently a public elected official? YES NO If yes please specify Federal State Local **Term** _____
- Are you employed by a publicly elected official? YES NO If yes please state your position _____
- Do you have experience speaking to the media? YES NO If yes please specify Federal State Local
- Do you have experience as a public elected official? YES NO If yes please specify Federal State Local **Term** _____
- Have you ever or do you have pending: Adjudication for unethical practice? YES NO
- Licensure or certificate disciplinary proceedings? YES NO

If "Yes" please explain and provide dates. _____

Applicant's Name _____

Member ID Number _____

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

Primary and Secondary 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

Primary and Secondary Function:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Research/Policy Development | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical / Direct Practice | <input type="checkbox"/> Training | |
- Specify

Primary and Secondary Work Focus:

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

Organizational Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Federal, Military | <input type="checkbox"/> State Government |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Federal, Nonmilitary | <input type="checkbox"/> Private Practitioner |
| <input type="checkbox"/> Private (Not-for-profit) | <input type="checkbox"/> Local Government | |

Languages other than English used in practice _____

Level of language skill: High Medium Basic

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)

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

Specify

Gender: Female Male Other Transgender

Sexual Orientation: Heterosexual Gay Male Lesbian Bisexual Other