



# NASW NATIONAL NOMINATIONS/APPOINTMENTS

## 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.**

**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 - President's Office  
750 First Street, NE, Suite 700  
Washington, DC 20002-4241  
Fax: 202-336-8313  
Email: [drichards@naswdc.org](mailto:drichards@naswdc.org)

DATE: \_\_\_\_\_

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

# NASW 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
		_____ Zip Code
_____ 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 \_\_\_\_\_  
Specify

**Students:** Indicate degree sought and year of anticipated graduation. \_\_\_\_\_  
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)
_____	_____	_____
_____	_____	_____

Do you have experience speaking to the media? YES  NO

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

If yes please specify \_\_\_\_\_  
Federal, State, or Local /Title and 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 _____<br>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 _____<br>Specify |
| <input type="checkbox"/> Clinical / Direct Practice | <input type="checkbox"/> Training                    |   |

**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 _____<br>Specify   |
| <input type="checkbox"/> Employment Related             | <input type="checkbox"/> Income Maintenance             |   |
| <input type="checkbox"/> Family Issues                  | <input type="checkbox"/> Individual/Behavioral Problems |   |

**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 _____<br>Specify         |

Gender:                       Female                       Male

Sexual Orientation:       Heterosexual               Gay Male               Lesbian               Bisexual