# 2020 Board of Directors - Candidate Application:

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 complete and be specific in your responses.

**Nominations for chapter positions should be completed and sent to the Chapter Office by one of the following ways:**

1. E-mail: joinus.naswga@socialworkers.org (Type in **Subject:** “GA Chapter 2020 BOD Candidate Application”)
2. Mail: NASW Georgia Chapter, 2300 Henderson Mill Road NE, Suite 125, Atlanta, GA 30345

# Application Submission Deadline Date: June 8, 2020

## Applicant Must be a NASW/NASW-GA Member in Good Standing

**\* Potential Candidates must submit the following supporting documentation with the completed application:**

**Please type or use black ink pen to complete Candidate application. The Application must be legible for consideration**

* 1. Completed application and an attached résumé or curriculum vitae.
	2. Statement of interest in Board position (Please submit a statement on a separate sheet and consider addressing these questions in your statement; What makes NASW’s mission powerful for you?; What interests you most about the NASW/NASW-GA Chapter?; What skills and qualifications relevant to the association’s mission will you bring to the Board?; How will you being on the Board benefit the membership?; What does success look like to you?; How do your aspirations positively impact the social work profession in Georgia? What motivates you? And, how do you see yourself fitting in socially with other board members?)
	3. Picture for Ballot & Member Voting Advertisement
	4. A letter of recommendation – from current/ most recent employer (e.g. professor for students) or one professional reference.
	5. If s/he is a previous BOD member with any organization (including any NASW Chapter), one must provide either
		1. A letter of recommendation from current Board President or Executive Director,

Or

* + 1. Current Executive Board Member.

## CANDIDATE NOMINATION/APPLICATION

**List Board Position of Interest:**

**All fields below must be filled out except where noted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  |  | Middle Initial(s) |
| Prior Name if different from above |  | Chapter (Georgia) |  |  | Region/County |
| Job Title |  | Place of Employment & Address |  |  | City/State/Zip Code |
| Preferred Mailing Address |  | City | State |  | Zip Code |
| E-mail Address |  | Mobile or Home Phone |  |  | **Not required** Alternative Phone |
| **Not required** Business Fax |  | **Not required** Home Fax |  |  |  |

**PROFESSIONAL HISTORY**

**Fill out this top section ONLY if you are currently a STUDENT**

Indicate the degree you are seeking, College/School of Social Work you are attending, and year of

anticipated graduation: Degree Anticipated Graduation Year

College/School of Social Work (Specify)

**Please fill out the following information**

Indicate your level of education, College/School of Social Work attended, and social work license and credential information: Highest social work degree (BSW, MSW, Ph.D., DSW etc.)

Year earned

College/School of Social Work (Specify)

Other professional degree(s)

## (Specify) License Type & Number /Date Awarded/State Issued:

Year earned

Type Number: Date: State Issued

Type Number: Date: State Issued

## NASW/NASW-GA CHAPTER LEADERSHIP HISTORY

Please indicate if you have held any of the prior leadership position within the NASW-Georgia Chapter and the years served. If you held leadership positions within NASW in a different state, please indicate the year and state. If you hare nominating an individual to a position, please identify all positions you believe the nominee is qualified for and those he/she may be interested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ELECTED AND APPOINTED POSITIONS** | **Year/State** |  | **ELECTED AND APPOINTED POSITIONS** | **Year/State** |
| President |  |  | Unit Representative/Chair |  |
| President-Elect |  |  | Delegate Assembly |  |
| Secretary |  |  | BSW Student Representative |  |
| Treasurer |  |  | MSW Student Representative |  |
| PACE |  |  | Member-at-large |  |
| Committee on Nominations and Leadership Identification (CCNLI) |  |  | Other (specify): |  |

## OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT:

|  |  |  |
| --- | --- | --- |
| Organization | Position Title/Role | Year(s) |
|  |  |  |
|  |  |  |

**Below Please Check Applicable Answer**

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

**Below Please Check Applicable Answer**

**Have you ever or do you have pending (**Below Please Check Applicable Answer)**:** Adjudication for unethical practice? YES Licensure or certificate disciplinary proceedings? YES

If “Yes” please explain and provide dates:

NO NO

**SOCIAL WORK EXPERTISE:** Please enter one (1) for Primary Area of Practice and two (2) for Secondary Area of Practice 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:** Please enter one (1) for Primary Function and two (2) for Secondary Function in each section:

|  |  |  |
| --- | --- | --- |
| Administration/Manage- ment | * Research/Policy Development
 | * Teaching
 |
| * Community Organizing
 | * Supervision Training
 |

Other (specify)

## Continued on page 5

**Primary and Secondary Work Focus**: Please enter one (1) for Primary Work Focus and two (2) for Secondary Work Focus in each section:

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

**Organizational Type:** Please enter one (1) for Primary Organization Type and two (2) for Secondary Organizational Type you have experience with in each section:

|  |  |  |
| --- | --- | --- |
| * Academic
 | * Federal, Military
 | * State Government
 |
| * For-profit
 | * Federal, Nonmilitary
 | * Private Practitioner
 |
| * Private (Not-for-profit)
 | * Local Government
 |  |

Languages other than English used in practice

## Below please indicate if you are the applicant or nominating member and that the application is complete.

|  |  |  |
| --- | --- | --- |
| **I certify that this application is complete** |  | **I certify that this nomination is complete** |
| Applicant’s Name |  | Nominator’s Name |
| NASW Member ID # |  | NASW Member ID # |

**\*TO BE COMPLETED BY APPLICANT ONLY**

**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 (Not Hispanic in Origin) Other Hispanic/Latino Puerto Rican

American Indian/Native Alaskan Asian American/Pacific Islander

White (Not Hispanic in Origin) Chicano/Mexican American

Other **Gender:**  Female Male

**Sexual Orientation:**

* Heterosexual  Lesbian  Gay Male  Bisexual  Transgender

## Thank you for your commitment to the social work profession!

***\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_***

***NASWGA Chapter***

***2300 Henderson Mill Road, Suite 125|Atlanta, GA 30345 Phone: 678-691-2112|Fax: 678-691-2068***

***Web Address: naswga.org***

***NASW-Georgia Chapter \_ED\_cdbh\_2020***