

## **NASWGA Unit Team Leader (UTL) Candidate Application:**

The information requested is used by NASWGA in making appointments for Unit Team Leader (UTL) positions. The information is essential for the careful consideration of a UTL. Please complete and be specific in your responses.

### **How are Unit Team Leaders Selected?**

Potential Unit Team Leaders complete and submit a (UTL application| resume| curriculum vitae| statement of interest) are first vetted by the NASWGA Board President and then shared with the NASWGA Board of Directors who then vote to approve/deny an appointment.

### **How to Apply for a NASWGA Unit Team Leader Position?**

1. *A candidate applying for a UTL position, must be a NASW/NASWGA Member in good standing (membership must be up to date with no pending adjudication for unethical practice or licensure or certificate disciplinary charges).*
2. Completed the Unit Team Leader Application and an attached résumé or curriculum vitae.
3. Submit a Statement of Interest with application. (Please submit a statement on a separate sheet *see page 6* and consider addressing these questions in your statement; Why do you desire to be a Unit Team Leader? What are the skills and qualifications that you will bring to the position? How do your aspirations positively impact the NASWGA Chapter and its members?).

### **How to submit the Unit Team Leader Application?**

Interested candidates are to submit a completed UTL Application along with an attached résumé or curriculum vitae and statement of interest to the Chapter Office by one of the following ways:

E-mail: NASW-GA Board President, Jan Yates at: [jnyateslcsw@gmail.com](mailto:jnyateslcsw@gmail.com) and Betty Watts, President-Elect NASW-GA at [louiseryan2001@yahoo.com](mailto:louiseryan2001@yahoo.com) and Executive Director, Cheryl Bonneau at [exec.naswga@socialworkers.org](mailto:exec.naswga@socialworkers.org)

\*(Please Type in **Subject Line:** “Unit Team Leader 2023 Application “)

– Or-

**Mail:** NASW Georgia Chapter | 2300 Henderson Mill Road NE | Suite 308 | Atlanta, GA 30345



**CANDIDATE APPLICATION** *(Please Complete the entire application)*

**List the Unit Team Leader Position of Interest**

**\*See Region Unit County List on Page 7 of the Application to Select Your Appropriate Region:**

**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	_____ Alternative Phone Not Required
_____ <b>Not required</b> Business Fax	_____ <b>Not required</b> 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) \_\_\_\_\_ Year earned \_\_\_\_\_

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

Type \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_ State Issued \_\_\_\_\_

Type \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_ State Issued \_\_\_\_\_

**LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT (If applicable):**

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 \_\_\_\_ NO \_\_\_\_

Licensure or certificate disciplinary proceedings? YES \_\_\_\_ NO \_\_\_\_

**“Yes” please explain and provide dates:**

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**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:**

- |   |   |  |
|---|---|--|
| <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 _____         |

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

- |  |  |                                   |
|--|--|-----------------------------------|
| <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"/> Training |
| <input type="checkbox"/> Other (specify) _____     |  |                                   |

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

- |   |   |   |
|---|---|---|
| <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"/> Housing                        | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Development/Other Disabilities |   |   |
| <input type="checkbox"/> Employment Related             | <input type="checkbox"/> Income Maintenance             |   |
| <input type="checkbox"/> Family Issues                  | <input type="checkbox"/> Individual/Behavioral Problems |   |

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

- |   |   |   |
|---|---|---|
| <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 use practice in practice:**

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

**OPTIONAL:** The following information is requested to assist NASW/NASWGA in achieving the bylaws mandate to have its leadership positions representative of the membership. NASW/NASWGA 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 (*Please list*) \_\_\_\_\_

\_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Sexual Orientation**

- Heterosexual     Lesbian     Gay Male     Bisexual     Transgender

\_\_\_\_\_

**Signature Page \*Application Completion Signature Required**

**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 (If applicable)

\_\_\_\_\_  
NASW Member ID # (Required)

\_\_\_\_\_  
Nominator's NASW Member ID # (Required)

Applicant's / Nominator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Remember to Include (attach) Your Statement of Interest**

A statement of interest should communicate your interest in a committee and, if applicable, a particular committee position. Also, your statement should briefly outline what you will bring to the committee. Finally, your statement should demonstrate that you have read and thoroughly understand the responsibilities associated with the committee and the expectations of being a committee member. The statement length is, at most, two paragraphs.

Thank you for submitting your application! NASWGA

## **NASWGA Unit Team Leader | Unit Region County List**

### **North Region**

Northwest Unit Leader:

Dade, Walker, Catoosa, Whitfield, Fannin, Chattooga, Gordon, Pickens, Floyd, Bartow, Cherokee, Polk, Haralson, Paulding, Carroll, Douglas, Heard, Coweta, Fayette, Clayton, Henry, Spalding, Butts

North Central Unit Leader:

Cobb, Fulton, Gwinnett, Rockdale

Northeast Unit:

Union, Towns, Rabun, Lumpkin, White, Habersham, Stephens, Dawson, Forsyth, Hall, Banks, Franklin, Hart, Barrow, Jackson, Clarke, Madison, Elbert, Walton, Newton, Morgan, Greene, Oglethorpe

### **East Region**

Augusta Unit Leader:

Wilkes, Lincoln, Taliaferro, Hancock, Warren, McDuffie, Columbia, Washington, Glascock, Jefferson, Richmond, Burke, Johnson

Central Unit Leader:

Jasper, Putnam, Monroe, Lamar, Jones, Baldwin, Crawford, Bibb, Wilkinson, Macon, Twiggs, Peach, Houston, Bleckley, Dooly, Pulaski, Laurens, Crisp, Wilcox, Dodge, Telfair, Wheeler, Montgomery, Treutlen

### **West Region**

West Unit Leader:

Troup, Meriwether, Pike, Harris, Talbot, Upson, Muscogee, Chattahoochee, Marion, Taylor, Schley, Stewart, Webster, Sumter, Quitman, Randolph, Terrell, Lee, Clay, Calhoun, Dougherty, Early, Baker, Miller, Mitchell, Seminole, Decatur, Grady

West Central Unit Leader:

Worth, Turner, Ben Hill, Irwin, Tift, Colquitt, Cook, Berrien, Thomas, Brook, Lowndes, Lanier, Echols

### **South Region**

South Unit Leader:

Emanuel, Jenkins, Screven, Toombs, Candler, Bulloch, Effingham, Jeff Davis, Appling, Tattnall, Evans, Bryan, Chatham, Coffee, Bacon, Wayne, McIntosh, Long, Liberty, Atkinson, Ware, Pierce, Brantley, Glynn, Clinch, Charlton, Camden