

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
 - a) A letter of recommendation from current Board President or Executive Director,Or
 - b) 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) _____ Year earned _____

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

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 are 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

President

President-Elect

Secretary

Treasurer

PACE

Committee on Nominations and Leadership Identification (CCNLI)

ELECTED AND APPOINTED POSITIONS

Year/State

Unit Representative/Chair

Delegate Assembly

BSW Student Representative

MSW Student Representative

Member-at-large

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 _____ NO _____

Licensure or certificate disciplinary proceedings? YES _____ NO _____

If "Yes" please explain and provide dates:

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

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

- Administration/Management
- Community Organizing
- Other (specify) _____
- Research/Policy Development
- Supervision
- Teaching
- Training

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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"/> 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 | |

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> African American (Not Hispanic in Origin)
Rican | <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> American Indian/Native Alaskan | <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 _____ | | |

_____ **Gender:**

Female Male

Sexual Orientation:

- Heterosexual Lesbian Gay Male Bisexual Transgender

Thank you for your commitment to the social work profession!

NASWGA Chapter
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Web Address: naswga.org
NASW-Georgia Chapter_ED_cdbh_2020