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| BIOGRAPHICAL FACT SHEET**for**Chapter Leadership CandidatesDeadline: February 17, 2018INSTRUCTIONSPlease type or print responses to all questions/sections in the provided application. The information requested is essential for the careful consideration of reviewing nominations for elected and appointed positions.**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 SUBMIT TO:NASW-NYS Chapter CNLI188 Washington AvenueAlbany, NY 12210518-463-4741800-724-6279518-463-6446 (f)Email: rwilson.naswnys@socialworkers.org |

**NASW-NYS NOMINATIONS / APPOINTMENTS**

**BIOGRAPHICAL FACT SHEET**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member ID #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**

Last Name First Name Middle Initial(s)

**If you have ever used a different last name, please provide it here**:

**Division**: ❑ Central (Cayuga, Cortland, Jefferson, Madison, Onondaga, Oswego)

❑ Genesee Valley (Livingston, Monroe, Ontario, Seneca, Wayne, Yates)

❑ Hudson Valley (Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan,

Ulster

❑ Mohawk Valley (Chenango, Herkimer, Lewis, Oneida, Otsego, St. Lawrence)

❑ Nassau

❑ Northeast (Albany, Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Rensselaer,

Saratoga, Schenectady, Schoharie, Warren, Washington)

❑ Southern Tier (Broome, Chemung, Schuyler, Steuben, Tioga, Tomkins)

❑ Suffolk

❑ Westchester

❑ Western (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming)

**Place of Employment**:

**Job Title**:

**Work Address**:

**Preferred Mailing Address (if other than work)**:

**Business Phone**: **Business Fax**:

**Home Phone**: **Home Fax**:

**Cell Phone**:

**Email**:

Please rank up to three (3) positions for which you want to be nominated (1 being your top choice)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we cannot slate you for the above position(s) would you be willing:

To be slated for any other position? ❑ Yes (specify ) ❑ No

To be appointed to any other position? ❑ Yes (specify ) ❑ No

**Submitted by**: ❑ Self ❑ NASW member ❑ Chapter/National staff (Name )

**PROFESSIONAL AND PERSONAL EXPERIENCE**

**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 experience to you bring to this effort (including, but not limited to leadership positions, collaborative skills and experience)?**

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| Please list all social degrees earned (BSW, MSW, Ph.D, DSW, etc.), and College/School of Social Work where earned | Please list the year each degree was earned |
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**Other professional degree(s)**: **Year earned**:

**Students**: Indicate degree sought and year of anticipated graduation:

 Degree Year

**License** (specify):

 State Date Type ❑ Not licensed in any state

**Social work credential(s)** (ACSW, DCSW, QCSW, etc.):

**NASW LEADERSHIP EXPERIENCE**

# Certain positions require prior NASW leadership experience. Please place an “X” in the appropriate boxes describing your NASW experience as a:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | National | NYS-Chapter | Another Chapter (specify) | Years Active in Role |
| Board Member |  |  |  |  |
| Committee/Task Force Member |  |  |  |  |
| Delegate |  |  |  |  |
| Division Rep/Director |  |  |  |  |
| Division Steering Committee Member |  |  |  |  |

**OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT**:

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

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 had/do you have a pending:

Adjudication for unethical practice? ❑ YES ❑ NO

 Licensure/certificate disciplinary proceedings? ❑YES ❑ NO

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| --- |
| If “Yes” please explain and provide dates. |
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**SOCIAL WORK EXPERTISE:**  Please enter one (1) for primary and two (2) for secondary 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  Specify |

**Primary and Secondary Function**:

|  |  |  |
| --- | --- | --- |
| \_\_ Administration/Management | \_\_ Research/Policy Development | \_\_ Teaching |
| \_\_ Community Organizing | \_\_ Supervision | \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ Clinical / Direct Practice | \_\_ Training |  Specify |

**Primary and Secondary Work Focus**:

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

**Organization Type**:

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

**To Be Completed by Applicant ONLY**

OPTIONAL: The following information is requested to assist NASW in achieving a diverse leadership and one that is representative of our 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) ❑ American Indian/Native Alaskan

❑ Asian American/Pacific Islander ❑ Chicano/Mexican American

❑ Other Hispanic/Latin ❑ Puerto Rican

❑ White (Not Hispanic in Origin) ❑ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** ❑ Female ❑ Male ❑ Other

**Gender Identity:** ❑ Female ❑ Male ❑ Non-Binary/Non-Conforming

 ❑ Transgender (Female to Male) ❑ Transgender (Male to Female)

 ❑ Not Sure ❑ Self-Describe

**Primary Language**:

**Do you identify as a person with a disability?** ❑ Yes ❑ No ❑ Other

**Additional Language(s) (if any) and skill level**:

**Other Diverse Qualities**: