

**National Association of Community Health Workers**

**Nomination Form for 2021 Board of Directors Election**

**NOMINEE CONTACT INFORMATION**

Name:

Address:

City, State, Zip:

Email Address:

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Contact: 🞏 Cell 🞏 Work 🞏 Home

*The National Association of Community Health Workers (NACHW) does not discriminate in any of its activities on the basis of race, ethnicity, color, religion/creed, gender, gender expression, age, national origin/ancestry, (dis)ability, marital status, sexual orientation, or military status.*

Please help the Nominating Committee assure diversity in NACHW’s leadership by using the appropriate boxes below to share identifying information. Check all that apply or use available spaces if the options provided are not useful.

Choose one: 🞏 I am a CHW. 🞏 I am a CHW ally.

*Race/Ethnicity*: 🞏 African American; 🞏 Afro-Caribbean; 🞏 Latino/a; 🞏 Asian/Pacific Islander; 🞏 White; 🞏 Native American; 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Gender*: 🞏 Female; 🞏 Male: 🞏 Transgender; 🞏 Gender Non-Conforming; 🞏 Prefer not to answer

Preferred personal Pronouns:

Other identifying information (optional):

*Current Employer* (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer or other work-related information (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a one page (max. 250 words), double-spaced statement about why you would like to join the Board of Directors for the National Association of Community Health Workers, including a summary of your vision for the organization, your relevant skills and experience, and what you hope to contribute. NACHW may publish this statement online as part of the election process.

Please list your current organizational affiliations, including CHW network(s) or association(s), other professional associations, community service groups, or any group that you believe will strengthen your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name | Organization Mission/Purpose | Your Role | Term of Membership or Participation |
|  |  |  |  |
|  |  |  |  |
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(You may append additional organizations using this chart on another page, if you wish.)

What skills would you like to contribute to NACHW’s Board? Check all that apply:

|  |  |  |
| --- | --- | --- |
| * Board development * Strategic planning * Staffing / HR * Program development * Policy/Advocacy | * Financial management * Fundraising * Evaluation * Outreach/networking * Communications | * Training * Marketing / PR / Media * Working with volunteers * Website development / maintenance |

Please list any additional skills and experiences you may have that you believe will be beneficial in serving as a board member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list experiences, skills, or other benefits you hope to gain by serving as a Board member.

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**Please read and check the following statement of availability for board service:**

NACHW board members meet virtually (currently two hours per call, every second week of the month from 4:00 – 6:00 pm ET). Board members commit additional time to committee meetings and tasks. The board’s schedule after the 2021 Unity Conference and Annual Meeting may change, but candidates for election should be prepared to commit at least 6 hours per month to board work. Occasional in-person board meetings may require travel at NACHW’s expense. Please confirm your understanding and availability to meet this commitment by checking the box below:

🞏 Yes, I understand election to the NACHW board of directors will require regular commitment of time to supporting the organization’s work. I certify that I will fully participate as a board member. I will have support from my employer (such as time release), as necessary, to participate.

**Please indicate below if you are nominating yourself or another, and sign:**

🞏 I am nominating myself as a candidate for the NACHW board of directors. I release the Nominating Committee to share my attached personal statement with the membership. I understand that my contact information will be kept confidential before the election, aside from members of the NACHW Nominating Committee, and that if I am elected, my email address will be made publicly available on published board rosters.

Nominee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Nominating Committee does not select you for the slate of candidates it recommends to the membership, would you like to volunteer in other ways to assist NACHW?

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Perhaps |

🞏 I am nominating another member as a candidate for the NACHW board of directors. The member has agreed to serve if nominated and elected. I release the Nominating Committee to contact the member I have nominated to request their personal statement and other information, if this nomination form is incomplete. I have provided contact information above for the nominee, with their permission and knowledge. I have provided my contact information below and understand it will be kept confidential, aside from members of the NACHW Nominating Committee.

Nominator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Nominee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_