**Please indicate your interest or nominate a colleague to serve on a committee for the coming year.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSNA Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCE AND SKILLS**

|  |  |  |
| --- | --- | --- |
| **Have you/the Nominee:** | **Circle One** | **If Yes, Please Specify:** |
| Held a local Chapter office, served on a committee or helped in another way? | Yes | No |  |
| Held an FSNA office, served on a committee or taskforce or helped in another way? | Yes | No |  |
| Held any FSNA elected office? | Yes | No |  |

1. **Do you/the nominee have access to a computer?** Yes No
2. **Can you/the nominee commit time for paperwork, correspondence and calls?** Yes No
3. **Your/the nominee's strongest skill(s)** (Circle all that apply):

Interpersonal Skills Analyzer Hard Worker Writing

Organizer Visionary Motivator Other – list below:

Communicator Creative/Artistic Technology

1. **Your/the nominee's area(s) of interest** (Circle all that apply):

Professional Development Public Policy & Legislation Nominating Silver Circle

Membership/Member Benefits Bylaws & Resolutions Industry Marketing

Scholarships & Awards Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you are nominating a colleague, are they aware of this?** Yes No
2. **If you are nominating a colleague, please fill in your information below:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note****: Committee Chairs who travel to committee and/or board meetings may be reimbursed for travel expenses. Other expenses, such as stamps, phone calls and faxing are also reimbursed under the committee's budget.*