Woodford County ASAP Board

Board Member Nomination Form

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| Name: |  | | | | |
| Phone: |  | | | | |
| Email: |  | | | | |
| Workplace: |  | | | | |
| Job Title: |  | | | | |
| Please select an industry from the list below. (Circle One) | | | | | |
| School Counselor  Religious Organization  Versailles Representative  Midway Representative  Judicial System  Law Enforcement  Coalition Chair  Adult Community Citizen  Higher Education  Representative from Special Needs  Populations | | Youth Community Citizen  Residential Treatment Center  Community Organization  Business  Media  Health Care  Group whose mission is to provide alcohol, tobacco, and other drug prevention  Group whose mission is to provide alcohol, tobacco, and other drug treatment  Local Leaders in the area of alcohol, tobacco, and other drug prevention | | | |
|  | | | Please circle a Membership Category | | | |
| Permanent | | |  | Non-Permanent | Non-Voting | |
| Personal Statement (from Nominee or Nominator) | | |  | | | |
| Signature | | |  | Date | Membership Category | |
| Nominated by: | | | Official Use Only | | | |
| Date Reviewed | | |  | Approved (Yes or No) | Chair-person’s Signature | |

Note: All board nominations forms must be submitted to the Board Coordinator