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 CounselorReligious OrganizationVersailles RepresentativeMidway RepresentativeJudicial SystemLaw EnforcementCoalition ChairAdult Community CitizenHigher EducationRepresentative from Special NeedsPopulations | Youth Community CitizenResidential Treatment CenterCommunity OrganizationBusinessMediaHealth CareGroup whose mission is to provide alcohol, tobacco, and other drug preventionGroup whose mission is to provide alcohol, tobacco, and other drug treatmentLocal 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