



ASNA Biographical Information Form

(For Confidential Use by the Nominating Committee)

The ASNA Nominating Committee requires the following information from all the candidates who desire to be considered for office. Please complete this form and return it to ASNA Nominating Chair by February 8, 2021. You may add pages needed, but no more than 5 additional pages, including your letters of recommendations, will be accepted.

NAME:	JOB TITLE:
HOME ADDRESS CITY/STATE/ZIP	SCHOOL DISTRICT/SCHOOL:
HOME PHONE:	BUSINESS ADDRESS CITY/STATE/ZIP:
CELL PHONE:	BUSINESS PHONE:
E-MAIL ADDRESS:	BUSINESS FAX:

Please check your current membership section:

<input type="checkbox"/> School Nutrition Employee/Manager	<input type="checkbox"/> District Director/Supervisor
<input type="checkbox"/> State Agency	<input type="checkbox"/> College Personnel

I would like to be considered for the office of _____.

Please Check the following:

YES	NO	A description of my goals for this office is attached.
YES	NO	I have attached at least two letters of recommendation (including one from an ASNA member)
YES	NO	I have been a member of ASNA for the last three years State Affiliation: _____ ASNA Membership Number: _____ Expiration Date: _____
YES	NO	I am ASNA Certified. Certification valid from _____ to _____. (see certification card attached)
YES	NO	I am credentialed (SNS). Credentialing valid from _____ to _____.
YES	NO	I am currently employed by a school/non-profit organization in an eligible field, and I do not expect this status to change in the near future.

I. Have you served on the ASNA Board of Directors, a state/national committee or advisory board? Please note all.

Committee (or task force, Board, etc.) Position (e.g. Chair, Member, etc.) Dates

ASNA Biographical Information

II. Have you served as a program PRESENTER at an ASNA-sponsored state/national meeting? (, dates*)
Meeting (ANC, CNIC, LAC, NLC, State Agency, State Conference, Area Meetings)
List meetings: *State/Date:*

_____	_____
_____	_____
_____	_____
_____	_____

III. Have you been active in your state affiliate? Please note all.

<i>Committee (or Task Force, Board, etc.)</i>	<i>Position (e.g. Chair, Member, etc.)</i>	<i>Dates*</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you are selected to be an official member of ASNA's Board Candidates Slate, this information must be provided in full in order to be included in the official Candidate's Biography.

IV. Have you attended any ASNA State (National) Meetings in last five years?
Meeting (ANC, CNIC, LAC, NLC, State Agency, State Conference, Area Meetings) *State/Date*

_____	_____
_____	_____
_____	_____
_____	_____

V. Have you received any State /National Awards or Recognition? (e.g. FAME Award, District of Excellence, Louise Sublette, Earnestine Camp, 100% Membership, Heart of the Program, District Director of the Year, SN magazine Roundtable of Leaders participant, etc.)

VI. Please list Membership and/or offices in other professional organizations.
Organization *Committee/Office/Years*

VII. Educational Background:

ASNA Biographical Information

VIII. Please prepare a statement that describes your skills/strengths and/or goals for this office. (Should not exceed 100 words, may be written on separate sheet. See sample attached for examples. Goals and Statement will be used in election bio if you are selected as a candidate.)

IX. Goals for Office. (Please identify the top three goals that you would like to pursue if elected)

1.

2.

3.

Signature of Potential Candidate

Please Return to:

Tammie Works
ASNA President Elect
PO BOX 706
Fordyce, AR 71742
870-352-7187, fax
870-313-2625, cell

Deadline: February 8th, 2021