

**Nomination Form for Board of Directors**

**California State Chapter of NEW: PATHS**

Name:

Home address/city/zip:

Home phone: Work phone:

E-mail: (personal)

(work)

Agency name:

Agency address/city/zip:

Current position/title:

Primary job duties:

Date joined NEW: PATHS: (or estimate)

NEW: PATHS Involvement (What kind of participation? Conferences attended? County chapter Involvement?):

Your vision for NEW: PATHS:

What can you contribute as a state Board member?

*Form continues on the other side…*

Statement for inclusion on the ballot (100-word maximum; longer statement will be reduced to the first 100 words verbatim.

Please provide two references that have knowledge of your NEW: PATHS involvement

(Cannot be a current State Board member)

Name: Title:

Agency:

Work phone: Email:

Name: Title:

Agency:

Work phone: Email:

**Email completed form to** Californiastatenewpaths@gmail.com **or submit at the conference to the Registration Desk by January 25, 2019, 10:00 a.m.**

For more information on the responsibilities and activities of the California State Chapter of NEW: PATHS Board of Directors or on completing this form, email Californiastatenewpaths@gmail.com or ask any Board member at the conference.