

**UKRAINIAN NATIONAL ASSOCIATION, INC.**

2200 Route 10

Parsippany, NJ 07054

800-253-9862 \*\* www.unainc.org

**NOMINATION FORM**

 **Candidate Information UNA Member \_\_\_\_\_\_\_\_ Branch No. \_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
|  Phone: |  | E-mail: |  |

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| Nominations are being accepted for: President/CEO, Corporate Board of Directors, Audit Committee and Fraternal Advisory Board. All Candidates MUST be UNA members by the time nominations are closed. |
| **Position being Nominated for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please complete this section if you are nominating someone other than yourself:**

|  |  |
| --- | --- |
| Nominators Name: | Date: |
| E-Mail: | Phone: |
| Has this person been contacted to determine their interest in being nominated? | [ ] Yes [ ] No  |
| If “yes”, would he/she be willing to serve if elected?  | [ ] Yes [ ]  No |
| Do you believe there are any potential conflicts of interest with this candidate?  | [ ] Yes [ ]  No [ ] Unknown |

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| --- | --- | --- | --- |
| **Please complete this section if you are nominating yourself.** |  |  |  |
| 1. Are you authorized to work in the U. S. | YES[ ]  | NO[ ]  |   |

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| --- | --- | --- | --- | --- |
| 2. Have you ever worked for the UNA? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Have you ever been convicted of a criminal offense? | YES[ ]  | NO[ ]  |  |

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| --- | --- | --- | --- |
| 4. If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |
| 5. Have you ever been party to a Bankruptcy proceeding?  | YES[ ]  | NO[ ]  |  |

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| --- | --- | --- |
| 6. I do not have any current or potential conflicts of interest that would prevent me from serving on the board. (i.e. Board member or staff of competing org., family member on a Board ) | YES[ ]  | NO[ ]  |
| 7. I am willing to learn about the fiscal and oversight functions of a Board or Directors consistent with applicable regulations and best practices. | YES[ ]  | NO[ ]  |
| 8. I can and will meet the commitments of the desired position with applicable position responsibilities. | YES[ ]  | NO[ ]  |

**Please check any of the following skills or experience that the candidate possesses.**

|  |  |  |
| --- | --- | --- |
| [ ] Finance, Accounting | [ ]  Nonprofit Management | [ ] Legal |
| [ ] Education, Teaching, Youth Development | [ ] Management, Administration, Business | [ ] Community Engagement, Local/State Government |
| [ ] Public relations, Communications | [ ] Fundraising, Development. | [ ] Other |

# **List any affiliations or organizations of which the nominee is a member, especially positions of leadership (e.g., professional, civic).**

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**Why the nominee would be a valuable addition? or Why I would like to serve (for self-nominations) on the UNA Leadership team?**

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A full position profile and instructions for applying are available on UNA’S web site:

**unainc.org/una/leadership-position-openings.com**

**THANK YOU FOR YOUR NOMINATION**

**……………………………………………………………………………………………………………………………………………………………………**

Office Use

Date met with nomination committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_