



UKRAINIAN NATIONAL ASSOCIATION, INC.

2200 Route 10
Parsippany, NJ 07054
800-253-9862 ** www.unainc.org

CORPORATE BOARD OF DIRECTORS 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: _____

Nominations are being accepted for: one open seat on the Corporate Board of Directors. All Candidates MUST be UNA members by the time nominations are closed.

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

Nominator's 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

Please complete this section if you are nominating yourself:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are you authorized to work in the U.S.? | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever worked for the UNA? | YES | NO | |
| | <input type="checkbox"/> | <input type="checkbox"/> | If yes, when? _____ |
| 3. Have you ever been party to a Bankruptcy proceeding? (Not applicable for current employees) | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 Board) | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am willing to learn about the fiscal and oversight functions of a Board of Directors, consistent with applicable regulations and best practices. | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can and will meet the commitments of the desired position with applicable position responsibilities. | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Non-profit Management | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Education, Teaching, Youth Development | <input type="checkbox"/> Management, Administration, Business | <input type="checkbox"/> Community Engagement, Local/State Government |
| <input type="checkbox"/> Public relations, Communications | <input type="checkbox"/> Fundraising, Development. | <input type="checkbox"/> Other |

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

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

A full position profile and instructions for applying are available on UNA'S website:

unainc.org/leadership-position-openings

THANK YOU FOR YOUR NOMINATION

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Office Use

Date met with Nominations Committee: _____

Decision: _____