



UKRAINIAN NATIONAL ASSOCIATION, INC.

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

PRESIDENT/CEO, CBD, AC and FAB NOMINATION FORM

Certain CBD positions are for employment.

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: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", would he/she be willing to serve if elected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe there are any potential conflicts of interest with this candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Please complete this section if you are nominating yourself.

1. Are you authorized to work in the U. S.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever worked for the UNA?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, when? _____
3. Have you ever been party to a bankruptcy proceeding? (Not applicable for current employees)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you have any current or potential conflicts of interest that would prevent you from serving on the Board? (e.g., Board member or staff of competing org., family member on a Board)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. I am willing to learn about the fiscal and oversight functions of a Board or Directors consistent with applicable regulations and best practices.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. I can and will meet the commitments of the desired position within applicable position responsibilities.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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).

In a separate document, please provide a short statement as to why the nominee or you, if self-nominating, would be a valuable addition to the UNA leadership team. If self-nominating, include why you would like to serve.

Full position profiles and instructions for applying are available on UNA’s web site:

unainc.org/leadership-position-openings

THANK YOU FOR YOUR NOMINATION

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Office Use

Date met with nomination committee: _____

Decision: _____