



Nomination Form for the *California* NEW: PATHS State Board

Name: _____

Address: _____

Home Telephone: () _____ Work Telephone: () _____

E-Mail Address: _____

Agency Name: _____

Agency Address: _____

Current Position/Title: _____

Current Job Description: _____

Date you joined NEW: PATHS: _____

NEW: PATHS Involvement (What kind of participation? Conferences attended?
Chapter Involvement?): _____

Your Vision for NEW: PATHS: _____

What can you contribute as a State Board member? _____

Form continues on the next page...

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: _____
Home Telephone: (____) _____ Agency Telephone: (____) _____

Name: _____ Title: _____
Home Telephone: (____) _____ Agency Telephone: (____) _____

Mail this Nomination Form, postmarked by January 11, 2012, to:

SYDNEY CRABLE
California NEW: PATHS
PO Box 1036
Capitola, CA 95010
Phone (831) 454-4105
Or e-mail to Sydney.Crable@hra.co.santa-cruz.ca.us

For more information on the responsibilities and activities of the California NEW: PATHS State Board or on completing this form, call or email any member of the Board. You can also download a fill-in version of this form at www.calnew.com. **If submitted at the conference, due by January 27, 2012 at 10:00 a.m. to any Board Member or Registration Desk.**

Nomination/Credentials Committee Members:

To be announced