

# National Consumer Advisory Board Leadership Nomination 2014

Please complete the form below to nominate yourself or a colleague for a leadership position with the National Consumer Advisory Board (NCAB). If you are nominating someone other than yourself, keep in mind that certain fields must be completed by the nominee; NCAB suggests the nominator complete his or her portion and forward the saved document to the nominee for completion.

Nominees should return their completed forms by email to [bzralek@nhchc.org](mailto:bzralek@nhchc.org) or fax (615 226-1656) **no later than Friday, February 21, 2014** (note: *The deadline for submitting Leadership nominations has been extended from February 7 to February 21*). If a nominee does not have email access, this form may be printed and mailed to Brian Zralek, National Health Care for the Homeless Council, P. O. Box 60427, Nashville, TN 37206.

## Nominee Information

**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Mailing Address: (if any):** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Telephone (if any):** \_\_\_\_\_  
**Email:** \_\_\_\_\_

(If the nominee does not have an email address, please seek help within the community to sign up for one or contact Brian Zralek at (615) 226-2292 or Dan Rabbitt at (443) 703-1337. Having an email address is a requirement of an NCAB leadership position as most communication happens through email.)

I am someone who (place an "x" next to all that are true)

- has experienced homelessness (**required** for consideration)
- has used Health Care for the Homeless services (**required** for consideration)
- is a member of NCAB\*\* (**required** for consideration)
- is a member of a Consumer Advisory Board
- Name of Agency: \_\_\_\_\_
- is a member of a Board of Directors
- Name of Agency: \_\_\_\_\_

\*\*Join NCAB and the National Health Care for the Homeless Council for free at [www.nhchc.org/about/membership/individual-members/](http://www.nhchc.org/about/membership/individual-members/).

Position sought (place an "x" next to one or more)

- Chair (two-year term)
- Co-Chair (two-year term)
- Secretary (one-year term)
- At-Large (two-year term)
- At-Large (one-year term)
- Regional Representative, regions 1 & 2 (Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Puerto Rico, the Virgin Islands )
- Regional Representative, regions 6 & 8 (New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Utah, Colorado, Wyoming, South Dakota, North Dakota, Montana)

### Statement by Nominee

Please describe in 300 words or less your experience as a consumer, your involvement with agency decision-making or governance, and the contribution you feel you could make to the work of the National Consumer Advisory Board.

**Please note:** You may provide additional letters of support or references to provide the nominating committee with additional information to support your nomination and to enhance the committee's understanding of your potential contributions. NCAB may contact you for a informal interview if more information is needed.

### Nominator Information

<b>Name:</b>	_____
<b>Position:</b>	_____
<b>Agency:</b>	_____
<b>Mailing Address: (if any):</b>	_____
<b>City, State, Zip Code</b>	_____
<b>Telephone (if any):</b>	_____
<b>Email:</b>	_____

### Statement by Nominator

Tell us why you believe the above-named nominee would make a valuable addition to the NCAB leadership team.