

United Ostomy Associations of America, Inc.
LEADERSHIP PROSPECTUS

Personal Information:

Name _____

Address: _____

Fax # _____ E-mail Address: _____

Phone: Home # _____ Work # _____

Occupation: _____

Full time Part Time Retired

Spouse/Partner: _____

Type of Diversionary Surgery: _____ Year: _____

Experience/Background:

Please list any additional information about your educational background or any specialized training that would benefit the organization:

Skills: (Rate your top three, with #1 highest, #2 second best, and #3 third best)

- | | |
|--|---|
| <input type="checkbox"/> Personal Presentation | (making presentations and facilitating groups) |
| <input type="checkbox"/> Meeting Management | (planning and conducting meetings) |
| <input type="checkbox"/> Communication | (creative writing and computer skills) |
| <input type="checkbox"/> Organizational | (committee involvement, leadership, planning) |
| <input type="checkbox"/> Financial | (budget, fund raising, reports, etc.) |
| <input type="checkbox"/> Marketing | (public relations, advertising, press releases) |

Current UOAA, Inc. Affiliated Support Group Experience:

Member of _____

Leadership Positions Held:	Length of Term
_____	_____
_____	_____
_____	_____

Past UOA National Experience:

- | | |
|---|---------------|
| <input type="checkbox"/> Board of Directors | # Years _____ |
| <input type="checkbox"/> Field Service Program | # Years _____ |
| <input type="checkbox"/> Committee/Task Force/National Network | _____ |
| <input type="checkbox"/> Presenter/National Conference(s) | _____ |
| <input type="checkbox"/> Presenter/Regional or Area Conference(s) | _____ |

Other Organizational Experience: (school, church, community service groups, etc.)

- [] Member/_____
- [] Officer/_____
- [] Board Member/_____
- [] Task Force/Work Group/_____

Business Experience:

List some of your professional experience that would benefit the organization.

Please check the position within UOAA, Inc. that you are applying for?

- [] President (3 year term)
- [] President Elect (3 year term)
- [] Vice President (3 year term)
- [] Treasurer (3 year term)
- [] Secretary (3 year term)
- [] Board of Directors (4 directors: **with length of term dependent upon election results, i.e the 2 candidates receiving the highest, and 2nd highest vote totals will serve for 2 year terms while the 2 candidates receiving the 3rd and 4th highest vote totals will serve a 1 year term**)

Name and title of ASG Member making recommendation _____

Write a short paragraph about what you hope to accomplish if elected to your position.

Signature:

Date:

Submit by e-mail only to:
United Ostomy Associations of America, Inc.
Attn: Ginnie Kasten, Chair of Nominations & Election Committee
325 Greenfield, Glen Ellyn, IL 60137
gkasten@uoaa.org

UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

AGREEMENT TO SERVE

I, _____ understand the duties and responsibilities of the volunteer position of _____ and agree to carry out these duties and responsibilities to the best of my ability during my term of appointment, and to support the **UOAA Constitution and the** policies and programs of the Association as determined by the Board of Directors.

Signed: _____

Date: _____