**HOMELAND SECURITY FOUNDATION OF AMERICA**

**Board of Directors Nomination Form**

**Document #:** DOAS-B102A

**Last Updated:** 9 October 2013

**IF SUBMITTING A NOMINATION FOR A REGULAR BOARD SEAT, THE NOMINATION MAY BE SUBMITTED AT ANY TIME.**

**IF SUBMITTING A NOMINATION FOR CHAIRMAN OF THE BOARD, THE NOMINATION FROM MUST BE SUBMITTED ELECTRONICALLY OR POSTMARKED BY 30 DECEMBER 2013.**

Please complete the below form to submit your nomination. You may nominate yourself or others. Submit your nomination form to:

**THE HOMELAND SECURITY FOUNDATION OF AMERICA**

**DEPARTMENT OF ADMINISTRATIVE SERVICES (DOAS)**

**EMAIL (Preferred):** **DOAS@HSFAMERICA.ORG**

**FAX: (888) 308-0586**

**\* Required field.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Election Type**\*(Select One)

|  |  |
| --- | --- |
|  | REGULAR BOARD MEMBER SEAT |
|  | CHAIRMAN OF THE BOARD OF DIRECTORS (2014-2018) |
|  | PRESIDENT OF HSFA (2012-2016) |

 |
| **2. First Name**\* | **3. Last Name**\* | **4. Middle Initial** |
|  |  |  |
| **5. Street Address**\* | **6. City**\* | **7. State**\* | **8. Zip Code**\* |
|  |  |  |  |
| **9. Gender**\* | **10. Age Group**\* | **11. Marital Status** |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | M |  | F |

 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 18-24 |  | 25-35 |  | 36-49 |  | 50+ |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | M |  | S |

 |
|  |  |  |
| **12. Race** (Select all that apply)

|  |  |
| --- | --- |
|  | American Indian or Alaska Native |
|  | Asian |
|  | Black or African American |
|  | Native Hawaiian or Other Pacific Islander |
|  | White |
|  | Other |

 | **13. Ethnicity** (Select One)

|  |  |
| --- | --- |
|  | Hispanic or Latino |
|  | Not-Hispanic or Latino |

 | **14. Education**\*

|  |  |
| --- | --- |
|  | High School Diploma / GED |
|  | Technical School |
|  | Some College |
|  | Undergraduate Degree |
|  | Graduate Degree |

 |
| **15. Employment Status**\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Employed |  | Self-Employed |  | Unemployed |

 |
| **16. Phone**\* | **17. Email Address**\* |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(** |  | **) -** |  | **-** |  |

 |  |
| **18. Knowledge Skills and Abilities**\*Summarize the nominee’s relevant experience, prior non-profit board service, personal skills, and affiliations. |
|  |
| **19. Known Charitable Giving and Fundraising**\*Describe the nominee’s known levels of giving and getting charitable gifts. |
|  |
| **20. Endorsement / Remarks**\*This person will be an asset to the Homeland Security Foundation of America because: |
|  |
| **21. Nominated by**\* | **22. Date**\* | **23. How long have you known the nominee?** \* |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*\* HSFA Use Only \*\***

|  |  |  |
| --- | --- | --- |
|  | Candidate meets all minimum requirements and has passed selection |  |
|  | Candidate does not meet minimum requirements |  |
|  | Candidate Accepted Nomination on |  |  |  |
|  |  | Date |  | Verified by (print name) |
|  | Candidate Declined Nomination on |  |  |  |
|  |  | Date |  | Resolution Number |

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