

# WSC 2010

## Potential Candidate Submission Form

\_\_\_\_\_ Date

### Service Body

Forwarding Potential Candidate: \_\_\_\_\_

Please list **ONE Trusted Servant** from the body to act as a contact for the HRP.

Contact's First and Last Name: \_\_\_\_\_

Contact's Complete Mailing Address (Street, City, State/Province, Zip/Postal Code, Country):

\_\_\_\_\_  
\_\_\_\_\_

Contact's  
Phone Number: \_\_\_\_\_

Contact's  
Email Address: \_\_\_\_\_

Please provide the following information for the **Potential Candidate**:

Name of Candidate: \_\_\_\_\_

Complete Mailing Address (Street, City, State/Province, Zip/Postal Code, Country):

\_\_\_\_\_  
\_\_\_\_\_

Clean Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Trusted servant position she or he is interested in:

- World Board
- Human Resource Panel
- WSC Cofacilitator

Regarding World Pool Information Form (WPIF):

- The potential candidate has recently (within the last 3 years) completed a WPIF form.
- The potential candidate has not recently completed a WPIF form, but will do so (the form is available through NAWS or at <http://www.na.org/?ID=HRP-wpif-default>).

# RBZ Rationale Questionnaire

Please provide us with the following information about each candidate you are forwarding to the HRP for nomination consideration. This form can also be completed online at: <http://www.naws.org/hrp/rbz1.htm> . Thank you in advance for completing this form.

Name of Potential Candidate: \_\_\_\_\_

1. Does the candidate possess the following qualities?

- | Yes                      | No                       | Not Sure                 | Yes                      | No                       | Not Sure                 |                          |                          |                          |                          |                              |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strong Recovery Program  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strategic Planning Abilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | World Service Exposure   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time Management Skills       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relevant Life Experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Creativity                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leadership Qualities     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem Solving Abilities    |

2. Please offer any additional information about this candidate's service history or abilities that might help us in our consideration process.

---

---

---

---

---

---

---

---

---

---

3. Who made the decision to forward the candidate's name to the HRP?

- Administrative Committee
- Entire Committee/Board
- Other Committee; please specify \_\_\_\_\_
- Individual; please specify \_\_\_\_\_

4. Please describe, in detail, the process used for making the decision to forward this candidate's name to the HRP.\*

---

---

---

---

---

---

---

---

---

---

---

**\* Please forward copies of any written policies or procedures that support your process and criteria to [hrp@na.org](mailto:hrp@na.org) or submit them to the contact information below.**

5. Please help us understand how this form was completed. Who responded to these questions and how were those responses formulated?

---

---

---

---

---

---

---

---

---

---

---

Please type or print legibly and return with the Candidate Submission Form to:  
Human Resource Panel  
NA World Services, Inc.  
PO Box 9999  
Van Nuys, CA 91409 USA  
or Fax to: (818) 700-0700

Remember that these forms can also be completed online at:  
<http://www.naws.org/hrp/rbz1.htm>