



ORSCNA Trusted Servant Nomination Form

Date: _____ Nomination for (position): _____
Nominee name: _____ Clean date: _____ Home area: _____
Nominator: _____ Nominator 2nd: _____
Nominee address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____

Current NA service position(s): _____

Previous NA Service Positions: (list only terms completed, give approximate start and end date for each term)

Group Level: _____

Area level: _____

Regional level: _____

World level: _____

Service positions resigned (explain): _____

Have you stolen or lost NA funds? (explain, if yes): _____

If so, how have you made amends? _____

Do you have an NA sponsor and are you currently working NA steps?

Are you able and do you intend to be present all Ohio Region Service Committee meetings during your term in this position?