



# **ORSCNA Trusted Servant Nomination Form**

Date:

Nomination for (position):

Nominee name:

Clean date:

Home area:

Nominator:

Nominator 2<sup>nd</sup>:

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?