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| **Date:** Click here to enter text. | NJ CPAC Biographic Election Form |

## Required with Executive Board Nominating Form

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| Applicant Information |
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| --- | --- | --- | --- |
| **Full Name:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Last | First | M.I. |
| **Address:** | Click here to enter text. |  | Click here to enter text. |
|  | Street Address |  | Apartment/Unit # |
|  | Click here to enter text. | New Jersey | Click here to enter text. |
|  | City | State | ZIP Code |
| **Daytime Phone****Number**: | Click here to enter text. | **Evening** **Phone Number**: | Click here to enter text. |

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| --- | --- |
| **Best time to call you**: | Day [ ]  |
|  | Evening [ ]  |
|  | No Preference [x]  |
| **Email**: Click here to enter text. Click here to enter text. |

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| CPR Experience |
| **Are you currently a member of a CPR Board?** Yes [ ]  No [ ]  |
| Name of county: Click here to enter text.  |
| CPR positions you have held in the past or currently hold (check all that apply):  |
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| --- | --- | --- | --- | --- | --- |
| ☐ | CPR Board Chair  | X | CPAC Advisory Council  | ☐ | CPAC Officer  |

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| Total number of years you have served on a CPR board (if your board has not been meeting for reasons related to the pandemic, please include these years in your total): Click here to enter text. |
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| [ ]  **I understand that serving on the Executive Board is a two-year commitment and if elected, I will adhere to the NJ CPAC bylaws.****Briefly explain why you became involved with CPR (please do not provide personal information you do not want shared with the public):** Click here to enter text. |

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**Please email this form with the Nomination Form to the NJ CPAC Coordinator at** **NJCPAC.mbx@njcourts.gov**