



Narcotics Anonymous®

Australian Regional Service Committee

ARSC Election Nomination Form

Name and First Initial _____

Which Service Position are you nominating for _____

Clean Date / / _____

Please check the boxes that apply to you

- Have an N.A sponsor Have an N.A home group
 - Attend regular N.A meetings Understand the Service Structure
 - Have a working knowledge of the 12 steps, 12 traditions, 12 concepts for N.A service
- Are you familiar with and willing to abide by the ARSC guidelines emphasising the part that relates to attendance?**
- Yes
 - No
 - I would like the Chair to read the relevant policy to me before answering

Have you ever been removed from a position or stood down?

- Yes
- No

Have you ever misappropriated NA Funds?

- Yes
- No

Please list your relevant service history below (please add extra rows if more room is required. If completing hard copy, please use page 3 to add more details).

Group Level Service

Position	Year	Length of Term	Term Completed (yes/no)	Reason for not completing term (if applicable)

ARSC Secretary Use Only

Seconded By: RCM

Outcome:

Endorsed

Not Endorsed

**Continued next page
Area/Metro Level Service**

Position	Year	Length of Term	Term Completed (yes/no)	Reason for not completing term (if applicable)

Regional Level Service

Position	Year	Length of Term	Term Completed (yes/no)	Reason for not completing term (if applicable)

Zonal / World Level Service

Position	Year	Length of Term	Term Completed (yes/no)	Reason for not completing term (if applicable)

Other Relevant Service Commitments

Commitment	Length of Commitment	Comments

Other Relevant Skills or Attributes

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