



# COACNA- Trusted Servant Nominee Form



(Please Print Legibly)

Position: \_\_\_\_\_

Nominee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Home Group: \_\_\_\_\_ Clean Date: \_\_\_\_\_

**What is your past or present involvement in the Narcotics Anonymous service structure?**

- Do you attend NA meetings? YES NO
- Do you have an NA sponsor? YES NO
- Do you work the 12 Steps of Narcotics Anonymous? YES NO
- Have you ever resigned a service position in NA? YES NO
  - If so, describe the situation.

- Have you ever misappropriated NA funds with or without making complete amends? YES NO
  - If so, describe the situation.

- Have you read the COACNA policy on requirements and duties of the position you are running for? YES NO

- What are your reasons for wanting to serve in this position?

\_\_\_\_\_

- In addition to the responsibilities of this position, what can you add to this position in terms of skills and abilities?

\_\_\_\_\_

- Do you have the willingness to give your time and necessary resources to fulfill the commitment of the position? YES NO
- Will you commit to attending all committee meetings and staying from prayer to prayer? YES NO
- Are you committed to attend the committee meetings held every month and every week in December of the year prior to the convention? YES NO
- How broad is your NA base outside of this area?

- Do you have computer skills? YES NO

**For COACNA Secretary Use Only:**

- **Nominated By:** \_\_\_\_\_
- **Seconded By:** \_\_\_\_\_

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **ABSTAIN:** \_\_\_\_\_