



G-CASE OFFICER NOMINATION FORM

OFFICE _____

NOMINEE _____ POSITION _____

ADDRESS _____

EMAIL/TELEPHONE _____

CEC/CASE MEMBER # _____

G-CASE/GAEL

MEMBER__ YES__ NO_____

Attach 1 page resume and a picture.

BRIEFLY DESCRIBE WHY YOU THINK THIS INDIVIDUAL IS QUALIFIED TO HOLD THE OFFICE FOR WHICH YOU ARE NOMINATING (INCLUDE SPECIFIC EXAMPLES).

I () have () have not contacted the nominee about this nomination.

Signed _____
Name Title

Address _____

Email/Phone _____

CEC/CASE MEMBER # _____

G-CASE/GAEL

MEMBER_____ Yes_____ No_____

Send to Bonnie Seery at drseery@rose.net