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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 |
| |  |  |  |  | | --- | --- | --- | --- | | **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. |  |  |  | | --- | --- | | **Best time to call you**: | Day | |  | Evening | |  | No Preference | | **Email**: Click here to enter text. Click here to enter text. | | |
| 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): |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ☐ | CPR Board Chair | X | CPAC Advisory Council | ☐ | CPAC Officer | |
| 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. |
| |  | | --- | | **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. | |

**Please email this form with the Nomination Form to the NJ CPAC Coordinator at** [**NJCPAC.mbx@njcourts.gov**](mailto:NJCPAC.mbx@njcourts.gov)