To apply for nomination to the board:

1. Review the qualifications (in this document)
2. Familiarize yourself with ACA WSO Operating Policy and Procedures Manual OPPM), especially Section III, WSO Board of Trustees, and the ACA WSO By-laws. Access these from the lower right-hand menu on <https://acawso.org/>
3. Complete and sign the application (in this document)
4. Provide references using the form (in this document)
5. Sign the Commitment to Service (in this document)
6. Read the ACA WSO Conflict of Interest Policy (Access from the link on [https://acawso.org/category/nominating-committee/](https://acawso.org/category/nominating-committee/%20)). Complete the last page of that document (Acknowledgement/Disclosure Form) and submit it with your application

**Send your completed application to** [**chairnomcom@acawso.org**](mailto:chairnomcom@acawso.org)

**Part I. Qualifications**

A Trustee must have the following qualifications:

1. Continuous attendance at ACA meetings for at least the previous five years.
2. One year or more of combined service for an ACA intergroup, region, or WSO committee, with at least six-months of active participation on a WSO committee.
3. Attendance on at least six WSO teleconference calls in the last twelve months.
4. Working knowledge of ACA's Steps, Traditions, and Concepts of Service.
5. WSO Trustees may not hold a similar position in another 12-step fellowship.
6. Demonstrated skill at working in a group setting and completing projects.
7. Ability to donate substantial time that minimally includes the following:
   * Attend at least three Board meetings per month.
   * Become a working member of at least one standing committee.
   * Attend the yearly Annual Business Conference (ABC) and ACA World Convention (AWC).
   * Attend the Board's Strategic Planning Meetings and Planning/training retreats.
   * Maintain communication with the other Trustees as necessary to complete commitments (via email, telephone, and other web-based communication platforms).
   * Fulfill any additional commitments of Board membership as deemed necessary.

**Part II. Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACA Group #/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We ask that you honor the confidentiality of the nominating process. We will keep your statements in confidence, unless you request otherwise. The Nominating Committee has a responsibility to inform the Board on why we recommend a candidate. Feel free to discuss your application with your sponsor, your references, and family and any other confidants/advisors. We request you not share information about your application with others. As much as we can do so, what we pass to the Board will be scrubbed to preserve your confidential information.***

Describe how you meet each of the qualifications for Board membership. Add pages as necessary.

1. Since what date have you been in continuous attendance at ACA: \_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Describe your service work and amount of time at each level: ACA Intergroup, region, or WSO committee. Include service positions held and length of service in each.
3. Since what date have you attendance on WSO teleconference calls since \_\_\_\_\_\_\_\_\_\_\_\_\_; at what frequency? \_\_monthly; \_\_ quarterly; other (describe):
4. Describe your level of knowledge of and experience with the ACA Twelve Steps, Traditions, and Concepts of Service? Do you currently have a sponsor and service sponsor? How many times have you completed the Yellow Workbook? What Loving Parent work have you done?
5. What positions do you hold in another 12-step fellowship, other than the group level? Describe how much longer you will hold this position and estimate the time you devote on a monthly basis.
6. Provide examples of your experience completing work independently and working well within a group.
7. Are you able to donate substantial time to attend meetings and to fulfill the commitments of Board membership? What are your limitations, e.g., time, travel, communications, technology? As a Board member, plan to spend a minimum of 40 hours a month on Board obligations in addition to your other ACA service commitments (other committees, meetings, sponsorship, recovery, etc.).
8. The WSO Board uses spiritually guided consensus, expressed through each member's loving parent, for decision-making, just as the groups use in group conscience. Give a specific instance with a summary of when a group conscience gave you better insight than what you had obtained through your own research or simple reflection, whether or not it changed your vote.
9. The WSO Board serves a fellowship that differs in culture, nationality, geographical area, race, gender, socioeconomic status, faith, sexual orientation, and other aspects of members' backgrounds. The WSO's goal is to serve the breadth of these backgrounds although there are insufficient Board positions to directly represent each. Describe any personal ACA or non-ACA experience you have in which there were unrepresented or underrepresented groups and how you served those groups. What ideas do you have to mitigate this challenge?

Briefly state why you want to be on the Board and any special experience, skills or qualities that will influence your service.

Is there a question you wish we had asked or think we should have asked?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

**Part III. References**

Please list **at least three** ACA members we can speak with about your qualifying experiences. Be sure to let them know we will be contacting them and asking about you. Also, be sure to let them know they will not be violating your anonymity by answering our questions!

1. Sponsor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How they know you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How they know you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How they know you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How they know you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Part IV. Commitment to Service**

The following is your commitment to service in compliance with the WSO OPPM, Section III.F.

**The Suggested Commitment to Service**

I perform service so that my program will be available for myself, and through those efforts, others may benefit. I will perform service and practice my recovery by:

1. Affirming that the true power of our program rests in the membership of the meetings and is expressed through our Higher Power and through group conscience.
2. Confirming that our process is one of inclusion and not exclusion; showing special sensitivity to the viewpoint of the minority in the process of formulating the group conscience so that any decision is reflective of the spirit of the group and not merely the vote of the majority.
3. Placing principles before personalities.
4. Keeping myself fit for service by working my recovery as a member of the program.
5. Striving to facilitate the sharing of experience , strength, and hope at all levels: meetings , Intergroups, Regional committees, service boards, and World Services.
6. Accepting the different forms and levels of service and allowing those around me to each function according to their own abilities.
7. Remaining willing to forgive myself and others for not performing perfectly.
8. Being willing to surrender the position in which I serve in the interest of unity and to provide the opportunity for others to serve; to avoid problems of money, property, and prestige; and to avoid losing my own recovery through the use of service to act out my old behavior, especially in taking care of others, controlling, rescuing, being a victim, etc.
9. Remembering I am a trusted servant; I do not govern.

In accordance with WSO OPPM, Section III.F, I agree to comply with, and be bound by, all terms and provisions of the ACA WSO bylaws as well as the policies and procedures as set forth in the ACA WSO Operating Policies and Procedures Manual and the above Suggested Commitment to Service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date