



Regional Trusted Servant Nominee Form



Date: _____ Nominator: _____ Nominator 2nd: _____

Nomination for (position): _____

Nominee Name: _____ Phone: _____

Nominee Address: _____

City: _____ State: _____ Zip: _____

Area: _____ Clean Date: _____

Current NA Service Position(s): _____

Previous NA Service Positions (list only terms completed, give approximate start and end date for each term):

Group Level: _____

Area Level: _____

Regional Level: _____

World Level: _____

Service Positions Resigned (explain): _____

Have You Stolen or Lost NA Funds? (explain): _____

How Have You Made Amends?: _____

Do you have an NA sponsor and are you currently working NA steps?: _____

Are you able and do you intend to attend all Ohio Region Service Committee meetings during your term in this position? _____