Application for Region 1 Board Position

Member at Large - Application for Election at Assembly 2018

Please type or print in black ink or complete online. Return application by August 1, 2018 to: MAL@oaregion1.org

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Name:

Address:

Phone: Cell:

E-mail:

Date Joined OA: Date Continuous Abstinence Began:

**BOARD QUALIFICATIONS:**

Listed in Region Assembly of Overeaters Anonymous Bylaws Article V, Section 3.

To be qualified for election, a person must:

* Be a member of Overeaters Anonymous within the geographical boundaries of Region One.
* Be working the twelve step program to the best of his/her ability and have taken the fifth step.
* Be familiar with the Twelve Traditions of Overeaters Anonymous and the Twelve Traditions of OA service.
* Be presently abstaining from compulsive overeating for at least one (1) year.
* Have two years of service to Overeaters Anonymous beyond the group level, if a member of an Intergroup.
* Be proficient in using various software and digital platforms that the Board utilizes to conduct its day-to-day business or be willing to learn how to use them.

Each Region One officer is expected to adhere to all bylaws and policies adopted by Region One. They shall keep intact all papers and materials received upon and during their term of office, to be turned over to their successor upon leaving office. The first duty of all officers shall be to attend all Region One meetings unless excused.

**JOB DESCRIPTION:** Member at Large

1. shall provide back up to all Board positions except Chair
2. obtains basic training on key functions of all other Board positions
3. other duties as agreed to by MAL and Board
4. Shall perform all other duties as prescribed in the Region One Job Description Policies.

REGION ONE SERVICE RESPONSIBILITY PLEDGE

I commit to physical, emotional and spiritual recovery, one day at a time, while serving on the Region One Board. As a Board member, I pledge to provide support and encouragement to the recovery of my fellow board members, and to talk honestly about my perceptions of relapse or denial with kindness and love.

NAME: DATE:

1. SUMMARY OF OA SERVICE:
2. WHAT BUSINESS, PROFESSIONAL OR OTHER EXPERIENCE AND SKILLS DO YOU BRING TO THE BOARD?
3. WHY DO YOU WANT TO SERVE IN THIS BOARD POSITION?
4. GIVE A BRIEF ACCOUNT OF YOUR OA STORY:

As a Region One Board nominee, my signature affirms adherence to Region One Assembly of Overeaters Anonymous Bylaws, Article V, Section 3.

NAME: DATE: