



BLACK COMMISSIONED OFFICERS ADVISORY GROUP (BCOAG)

Self-Nomination Form for Voting Membership

Submission Instructions:

Complete and return the required materials by the indicated deadline of the current year. All materials must be submitted to atpowell@bop.gov in **one complete file** with "Voting Membership Application" in the subject line.

Nominee Name: _____ **Rank:** _____

PHS Serial No.: _____ **PHS Category:** _____

Job Title: _____ **Agency:** _____

Duty Station Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Work Email:** _____

I am interested in serving as a voting member of BCOAG. I understand that members are selected to provide diverse representation of geographic locations, agencies, experience levels and both Commissioned Corps and Civil Service personnel systems. I also understand that I must have my supervisor's permission to participate in this activity. I agree that if selected I will be available in person or by phone for regularly scheduled meetings and will actively participate in BCOAG events during the entire three-year (Calendar) term of service.

Nominee's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

I am Basic Ready as of the date of this document. Yes No

Please include a screen shot of your current basic readiness status from RedDOG Self-Service. Nominees who are not basic ready will not be considered for Voting Membership.

Submission Checklist:

- Completed Self-Nomination Form (This page signed and dated. Digital signatures preferred.)
- Narrative Responses to Questions
- Obtained Supervisor's Signature (Digital signatures preferred)
- BCOAG Voting Membership Curriculum Vitae Summary Sheet
- Basic Readiness Status (Screenshot from RedDOG Self-Service)
- Promotion Information Report (PIR) (Screenshot from Officer Secure Area)

Narrative Responses: Responses should be limited to 2000 characters (approximately 350 words) for each question. Information provided in your CV Summary and PIR will be used as supplemental information.

1. Innovation: Please select at least two (2) committees that you would be interested in serving as a committee chair/co-chair. For each committee you choose, please describe any new ideas, services, and/or projects that you would propose to support the mission and goals of BCOAG and the abilities you possess that will help you to accomplish these projects (provide examples of previous success, if applicable). Also, describe any gaps and how you would address them as chair/co-chair of those selected committees. (30%)

- | | | |
|--|---|---|
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Charter and Bylaws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Social | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Career and Professional Development | <input type="checkbox"/> Communications and Public Relations | <input type="checkbox"/> Awards |
| <input type="checkbox"/> 3 R's (Recruitment, Retention, and Readiness) | <input type="checkbox"/> Other (please list in the narrative) | |

2. Leadership and Active Involvement (40%)

2a. BCOAG Leadership and Active Involvement: Have you been actively involved (recently or in the past) with BCOAG? If so, list the activity(s) and describe your role/level of participation and the impact of the activity(s). If not, please explain why. Highlight significant accomplishments, leadership role(s), and strategic planning efforts with BCOAG listed.

- | | | |
|--|---|--|
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Charter and Bylaws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Social | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Alternative Voting Member | <input type="checkbox"/> Hometown Missions | <input type="checkbox"/> Career and Professional Development |
| <input type="checkbox"/> Communications and Public Relations | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Other |

2b. Other Leadership and Active Involvement: Have you been actively involved in any other USPHS (non-BCOAG) Professional Advisory Groups or Committees, agencies, or other organizations? Please describe your participation in these organizations. Highlight significant accomplishments, leadership role(s), and strategic planning efforts with other organizations listed.

3. Commitment to BCOAG Goals: How will you contribute to the goals and mission of BCOAG? Explain your commitment in terms of dependability/reliability and commitment to the BCOAG mission (provide examples/accomplishments). (30%)

