**Local Initiatives Toolkit**

Key Leader Profile Form

Basic Information

Name:

Position of Power:

Date current term began, if applicable:

Term expires, if applicable:

Are they appointed to their position, elected, or hired? If appointed or hired, by whom? If elected, are they at-large or by district? Are they eligible for re-election?

Did they come to their position easily? Was the election close, if applicable? Was the appointment or hiring controversial?

Do they hold any special position(s) on governing board(s), committee(s), etc.?

Have they made prior decisions on another tobacco or health-related issues? Describe:

If their position of power is not their primary job, what do they do? *For example, local elected officials may serve the public part-time and hold primary employment elsewhere.*

Contact Information

Address:

Phone:

Email:

Key staff name and contact information, if applicable:

Personal Information

Date of birth:

Place of birth:

How long lived in city:

Colleges attended, date graduated, degree:

Religious affiliation:

Place of worship:

Spouse:

Children:

Age(s):

School(s):

Professional Information

Previous positions or jobs held:

Professional organizations:

Service organizations:

Public Supporters:

Major Donors:

Influential individuals and organizations:

Other Comments: