**Board of Directors Candidate Application**

**Point of Contact**

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**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 First Middle Last

**Residence**

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work**

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: ( ) Work ( ) Residence

**Why are you interested in serving on IAOMA’s Board of Directors?**

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**Please list any previous board service, leadership, or volunteer experience.**

Organization Position Dates

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**Please list your relevant work history (might include more than health related positions).**

Organization Position Dates

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**Please describe your educational background.**

Institution Degree Level Areas of Interest

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**Is there a specific role you would like to fill as a Board Member?** (Circle any that apply.)

|  |  |
| --- | --- |
| Chairperson | Secretary |
| Committee Head | Treasurer |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What skills can you offer? How do you think we could best use your expertise or experience?**

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**What kind of time and financial commitment are you ready and able to make?**

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**Is there anything else you’d like to tell us?**

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**Thank you for applying!**