



Board of Trustees Candidate Application

Return this application to Laura Clark Stedman @ lbleon@nysdental.org

1) FOR DENTIST CANDIDATES:

NAME: _____
 First Last Preferred name (if different)

PREFERRED Contact Address, including email (list in space below):

PHONE: Office: Cell:

COMPONENT DENTAL SOCIETY _____

2) FOR NON-DENTIST CANDIDATES:

EMPLOYER _____

TYPE OF ORGANIZATION _____

ADDRESS AND, IF APPLICABLE, WEBSITE _____

YOUR TITLE/POSITION _____

3) FOR ALL CANDIDATES:

Attach a copy of your current cv, which should list any boards you currently serve on or have served on, e.g.: professional/business; recreational, community, religious, social, political, etc., and include if you were a member or held an elected or appointed position.

**4) HOW WOULD THE NEW YORK STATE DENTAL FOUNDATION
BENEFIT FROM YOUR INVOLVEMENT ON THE BOARD?**

5) SKILLS, EXPERIENCE AND INTERESTS (CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Administration/management | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Education/course development | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Finance/accounting | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Grant Writing | Other: |
| <input type="checkbox"/> Non-profit experience | |

**ORGANIZATIONS/CORPORATIONS/INDIVIDUALS THAT YOU COULD SERVE AS
NYSDF'S LIAISON TO:**

Please tell us anything else you would like to share:

Thank you for your interest!