



## Board of Trustees Candidate Application

Return this application to Laura Clark Stedman @ [lbleon@nysdental.org](mailto: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 \_\_\_\_\_

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### 2) FOR NON-DENTIST CANDIDATES:

EMPLOYER \_\_\_\_\_

TYPE OF ORGANIZATION \_\_\_\_\_

ADDRESS AND, IF APPLICABLE, WEBSITE \_\_\_\_\_

YOUR TITLE/POSITION \_\_\_\_\_

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### 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!*