**APPLICATION for Member of the 2019 AMERICAN DIABETES ASSOCIATION**

**NATIONAL BOARD OF DIRECTORS**

This is the application to be completed for consideration to be a Member of the American Diabetes Association’s National Board of Directors. **A completed application form must be received by/before 8:00 p.m. (EST), Monday, May 28, 2018, to be considered.**

Application submissions should include: 1. a resume or CV (up to the first 5 pages only) as a separate attachment; 2. a headshot photo; and, 3. a completed conflict of interest (COI) disclosure statement. Note, headshot photo guidelines and the COI disclosure statement are available on the applications website at [diabetes.org/application](http://www.diabetes.org/application). Please submit all materials via email to ADAApplications@diabetes.org.

Please review the Board member position description, letter of agreement, conflict of interest policy, and other resources available on the call for applications website ([diabetes.org/application](http://www.diabetes.org/application)) before beginning the application process.

**Section I: Applicant Information**

**Applicant Name:**

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**Please briefly describe your professional and academic background, and other relevant experience** *(Note, field maximum is 1,500 characters.)*

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**Why do you seek a position on the American Diabetes Association Board of Directors?** *(Note, field maximum is 1,500 characters.)*

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**Please outline the specific skills you bring, or contributions you hope to make and the connections, resources, and expertise you have to offer and are willing to use on behalf of the American Diabetes Association.** *(Note, field maximum is 1,500 characters.)*

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**Briefly explain your thoughts on the characteristics that make a great Board member.** *(Note, field maximum is 1,500 characters.)*

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**What should the Board Development Committee know about your commitment to improve the lives of people with diabetes?** *(Note, field maximum is 1,500 characters.)*

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**Are you willing to contribute financially to the American Diabetes Association and ask others to do so?**

 Yes

 No

**Can you commit to attending three to four meetings per year and periodic conference calls?**

 Yes

 No

**Section II: Professional Information**

**Business Name:**

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**Business Industry:**

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**Business Title:**

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**Applicant’s Education/Certification/Licensure (e.g. MD, PhD, CDE, RN, MBA, CPA):**

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**Specific Areas of Professional Expertise (check all that apply):**

 Adult Care

 Attorney

 Communications/Public Relations

 Diabetes Education

 Executive Management

 Finance

 Fundraising

 Human Resources Management

 Information Technology

 Marketing/Brand Strategy

 Patient Advocate

 Patient Care

 Pediatric Care

 Public Health

 Public Policy

 Research and Development

 Other (please specify any other areas of expertise):

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**Please indicate if you are a health care professional:**

 Yes

 No

**Please indicate your primary area of responsibility (please select only one category):**

 Administrator

 Clinician

 Researcher

 Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Personal Information and Preferred Mailing Address**

**Street Address:**

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**City: State (2-letter abbreviation e.g. VA): Postal Code:**

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**Please identify address type:**  Home Work

**Home Phone (XXX-XXX-XXXX):**

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**Work Phone (XXX-XXX-XXXX):**

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**Fax (XXX-XXX-XXXX):**

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**Cell (XXX-XXX-XXXX):**

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**Email:**

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**Gender:**

 Male

 Female

**Date of Birth (MM/DD/YYYY):**

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**Race/Ethnicity:**

 American Indian or Alaska Native

 Asian American

 Black or African American

 Hispanic or Latino

 Native Hawaiian or Other Pacific Islander

 White

 Two or More Races/Ethnicities (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV: Resume/CV**

**Applicant’s personal bio or resume/CV. Brief personal bio can be submitted in the space provided below. If resume or CV, please include only the first five pages as a separate attachment to your email submission.**

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**Section V: Previous Volunteer Service**

**Do you have any prior experience serving as a member of a national Board of Directors (not related to the American Diabetes Association)?**

 Yes

 No

**If yes, please briefly explain your prior experience in this area. Be sure to include the name of the organization(s) and any officer experience.** *(Note, field maximum is 1,500 characters.)*

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**Briefly describe any other (not related to the American Diabetes Association) current or past volunteer service that you feel is relevant to your application for the American Diabetes Association’s Board of Directors.** *(Note, field maximum is 1,500 characters.)*

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**Do you have any experience volunteering for the American Diabetes Association?**

 Yes, I have volunteered at the local community level only

 Yes, I have volunteered at the national level only

 Yes, I have volunteered at both the local community and national levels

 No

**If yes, during what time period did you volunteer for the Association as noted above?**

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**If you have volunteered for the American Diabetes Association at the local community level, please indicate in what location (City, State) you served:**

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**Briefly describe the nature of your local and/or national volunteer service with the American Diabetes Association.** *(Note, field maximum is 1,500 characters.)*

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**Section VI: References & Submission Instructions**

**Please provide the name and contact information for 3 – 5 references:**

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| **Name & Title** | **Phone Number** | **Email Address** |
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| **Submission Instructions:**To be considered, application must be received by/before 8:00 p.m. (EST), Monday, May 28, 2018All submissions must include:* Completed application
* A resume or CV (up to the first 5 pages only) as a separate attachment
* Headshot - photo guidelines available [diabetes.org/applications](http://www.diabetes.org/applications)
* Signed Conflict of Interest disclosure statement as a separate attachment – download from
* [diabetes.org/applications](http://www.diabetes.org/applications)
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**Please submit all materials via email to** **ADAApplications@diabetes.org**

**Submission Date (MM/DD/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Monique Lindsy, Sr. Manager, Executive Office, directly at
(703) 299-2003 or mlindsy@diabetes.org.

*March 5, 2018*