

Application for National Committee

Please review the specific committee purpose and criteria for selection information, available on the Call for Applications website (diabetes.org/committees), before beginning this application process. If you wish to become a candidate for multiple committees, a separate application form must be completed for each committee.

Applications will be accepted by email submission only. See Submission Instruction for requirements.

Section I: Applicant Information

Applicant Name:

I wish to be considered for membership to the following committee (check one):

(Note, if you wish to apply for multiple committees, a separate application form must be completed and submitted for each committee.)

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Research Policy |
| <input type="checkbox"/> Education Program Recognition | <input type="checkbox"/> Scientific & Medical Programs Oversight |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Scientific Sessions Meeting Planning |
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Youth Strategies |
| <input type="checkbox"/> Professional Practice | |

Please refer to the national committee written description and explain how you meet the criteria and have the experience-base for membership for the specified national committee, and why you wish to serve on this committee. *(Note, field maximum is 1,500 characters.)*

Section II: Professional Information

Business Name:

Business Industry (i.e. Healthcare, Finance, Legal, Marketing, Professional Fundraising, R&D, Education):

Business Title:

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

Business Address:

City: _____ | **State (2-letter abbreviation):** _____ | **Postal Code:** _____

Business Phone (XXX-XXX-XXXX): _____ | **Cell (XXX-XXX-XXXX):** _____

Email: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Marketing/Brand Strategy |
| <input type="checkbox"/> Communications/Public Relations | <input type="checkbox"/> Patient Advocate |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Executive Management | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Human Resources Management | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Other (please specify any other areas of expertise): | |
-

Please indicate if you are a health care professional:

- Yes No

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

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Clinician | |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Section III: Personal Information

Home Street Address:

City:

State (2-letter abbreviation):

Postal Code:

Home Phone (XXX-XXX-XXXX):

Email:

Gender:

- Male Female

Race/Ethnicity:

- American Indian or Alaska Native Hispanic or Latino
 Asian American Native Hawaiian or Other Pacific Islander
 Black or African American White
 Two or More Races/Ethnicities (please specify): _____
 Other (please specify): _____

Preferred Method of Contact:

	Business	Home
Mail	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Previous Volunteer Service

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

- Yes No (Proceed to Question 19)

Have you served on your local Community Leadership Board?

- Yes No (Proceed to Question 19)

Please identify your local Community Leadership Board:

When did you become a local board member? (MM/DD/YYYY):

Have you ever held any of the following positions? If yes, please indicate your start and end dates.

	Yes	No	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Community Leadership Board Chair	<input type="checkbox"/>	<input type="checkbox"/>		
Community Leadership Board President	<input type="checkbox"/>	<input type="checkbox"/>		
Individual Giving Chair	<input type="checkbox"/>	<input type="checkbox"/>		
Marketing Communications Chair	<input type="checkbox"/>	<input type="checkbox"/>		

Please indicate on which American Diabetes Association fundraising events/programs you have served (or are currently serving) as a member or Chair (check all that apply):

- Step Out Father of the Year
 Tour de Cure Gala
 Diabetes EXPO
 Other (please specify): _____

Please indicate on which American Diabetes Association National Committee(s) you have served (or are currently serving) as a member or chair (check all that apply):

- Advocacy Research Policy
 Education Program Recognition Scientific & Medical Programs Oversight
 Finance Scientific Sessions Meeting Planning
 Health Disparities Youth Strategies
 Professional Practice
 Other (please specify): _____

Please indicate on which American Diabetes Association National Level Board(s) you have served (or are currently serving) as a member or chair (check all that apply):

- National Board of Directors
 Research Foundation Board of Directors
 Other (please specify any other Association Boards): _____
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Please describe relevant experience with the American Diabetes Association's scholarly journals and/or consumer magazine, including type of service (e.g. Editor, Associate Editor, Editorial Board Member, reviewer, etc.), and years of service. (*Note, field maximum is 1,500 characters.*)

Section V: Relevant Experience and Expertise Outside the Association

Please describe relevant experience and/or expertise in core functional areas such as revenue generation, accessing resources (i.e. contacts with legislators, federal agencies, corporate leaders, corporate sponsorship, etc.), advocacy, business administration, legal/governance, etc. Please specify the organization(s) if outside the American Diabetes Association. *(Note, field maximum is 1,500 characters.)*

Please cite any additional business and community relationships you have.

Civic and professional affiliations:

Community/public service involvement:

University or hospital affiliations:

Other (please specify):

Please attach a copy of your formatted Mini Bio, Resume or CV (LIMIT: 3 pages) to your email submission (see Section VI).

Section VI: References & Submission Instructions

Please provide the name and contact information for 2-3 references:

Name & Title	Phone Number	Email Address

Submission Instructions:

- Applications will be accepted by email submission only.
- To be considered, submission email must include both the completed application form and a formatted Mini Bio, Resume or CV (LIMIT: 3 pages).
- Completed applications must be received to ADAApplications@diabetes.org before the deadline.
- See diabetes.org/committees for deadline.

Statement to be read and acknowledged by applicant: By entering your name in the "Applicant Name" box and submitting this form to the American Diabetes Association, you are confirming that the information you have provided in this application is accurate, and you are willing to serve if selected.

Applicant Name: _____

Submission Date (MM/DD/YYYY): _____