



Board of Directors Interest Application Form

Please submit your completed form to Beth Stewart at B.Stewart@txohc.org.

Contact Information

Name _____

Home Address _____

Home Phone _____

Home Email Address _____

Current Position/Employer _____

Business Address _____

Business Phone _____

Business Email Address _____

Preferred Mailing Address Home Business

Preferred Email Address Home Business



Tell Us About Yourself

Why are you interested in serving on the Texas Oral Health Coalition's Board of Directors?

What past and current volunteer and community activities have you engaged in?

Have you served on nonprofit boards or committees in the past? If yes, tell us about your experiences.



What skills and areas of expertise will you bring to the Texas Oral Health Coalition's Board?

Do you know any current Texas Oral Health Coalition Board members?

Is there anything else you would like the Nominating Committee to know?

Signature _____ **Date** _____

For TxOHC/Board Governance Committee use only:

Date received: _____ *Date reviewed:* _____ *Date applicant notified of status:* _____