



ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION DIRECTOR APPLICATION FORM

Completed application to be returned electronically by candidate.
DEADLINE – February 1, 2023

1. NAME: _____ 2. CHAPTER: _____

3. ADDRESS: _____

4. EMAIL ADDRESS:

5. PHONE NUMBER _____

6. PRESENT PROFESSIONAL POSITION: _____

7. PROFESSIONAL EXPERIENCE: _____

8. TECHNICAL SKILL LEVEL (computer and Internet access, word processing, etc.)

9. DELTA KAPPA GAMMA EXPERIENCE (committees, offices, conventions attended, etc.)

CHAPTER: _____

STATE: _____

ADSOEF: _____

INTERNATIONAL: _____

10. OTHER PROFESSIONAL OR NONPROFIT ORGANIZATIONS AND POSITIONS HELD

11. SHARE YOUR REASONS FOR YOUR WILLINGNESS TO SERVE AS A DIRECTOR OF ADSOEF

12. DESCRIBE EXPERIENCES YOU HAVE WITH FUNDRAISING

13. SHARE YOUR EXPERTISE AND/OR EXPERIENCES IN THE FOLLOWING AREAS: FINANCIAL MANAGEMENT, MARKETING, AND NON-PROFIT ORGANIZATIONS

14. PROVIDE ANY ADDITIONAL INFORMATION YOU BELIEVE WOULD BE VALUABLE TO THE NOMINATING COMMITTEE

RETURN COMPLETED FORM TO: Karyn Kern-Lazear at lazearkaryn@gmail.com