

**ALPHA DELTA STATE OHIO EDUCATONAL FOUNDATION**

**DIRECTOR APPLICATON FORM**

**Completed application to be returned electronically by candidate.**

1. NAME:

2. CHAPTER:

3. PRESENT PROFESSIONAL POSITION:

4. PROFESSIONAL EXPERIENCE:

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

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

CHAPTER:

COORDINATING COUNCIL:

STATE:

ADSOEF:

INTERNATIONAL:

7. OTHER PROFESSIONAL ORGANIZATIONS AND POSITIONS HELD:

8. ADDRESS:

9. EMAIL ADDRESS:

**1. Share your reasons for your willingness to serve as a Director of ADSOEF.**

**2. Describe experiences you have with fundraising.**

**3. Share your expertise and/or experiences in the following areas: financial**

**management, marketing, and non-profit organizations.**

**4. Include any additional information you believe would be valuable to the**

**Nominating Committee.**

RETURN COMPLETED FORM TO: Dr. Norma Kirby at nkkirby@roadrunner.com

**DEADLINE – JANUARY 15, 2021**

July 2020