##

## **Pregnancy Loss and Infant Death Alliance**

###### Supporting those whose work supports bereaved families

##

## PLIDA Committee Chair

## Application Form

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Returning this form confirms your intention to be considered for a committee chair leadership position in the 2021-2023 term. Alignment with PLIDA’s mission and goals, and your ability to fulfill the service demands of a Committee Chair role are key considerations in this process. Please complete Application Form and Conflict of Interest form and return to Rossana Urbina at members@plida.org, by **Thursday, November 15, 2020**

**PLIDA Committee Chair Applicants Requirements**

* Be a PLIDA Member with dues up to date
* Have served, be active and in good standing on a PLIDA committee for a period of no less than one full term cycle. Exceptions will be considered on a case by case basis
* Apply for a specific identified committee to lead
	+ Education
	+ Governance
	+ Advancement
	+ Health Equity, Diversity and Inclusion
	+ Conference Planning
* Possess Leadership Qualities:
	+ Personal responsibility for the group’s actions
	+ The ability to lead
	+ Effectively direct organizations resources to achieve goals and objectives
	+ Work under the direction of the PLIDA BOD to accomplish identified goals and expectations
* Submit a complete application to members@plida.org. Application Form and Conflict of Interest Form MUSTbe typed and submitted in a Word Document Format
* Submit Resume of experience related to identified position sought
* Include Signed Employer Support Letter\* (if applicable)

*\*Applicant will be required to complete and submit an Employee Support Letter provided by PLIDA with their application confirming support and agreement of the time commitment required to fulfill responsibilities*

*Note: PLIDA Committee Chairs, who serve voluntarily and without remuneration, may resign with 30 days’ notice in writing to executive BOD.*

**PLIDA Committee Chair Expectations**

* Align themselves with PLIDA’s mission and abide by the guidelines in the PLIDA Bylaws
* Promote PLIDA’s mission as an organization
* Lead monthly Committee meetings via conference call
* Attend the Biennial International Perinatal Bereavement Conference- required
* Have high-speed Internet access, e-mail, and the ability to freely and frequently access PLIDA’s website and email

**Committee Chair Application Form**

Please e-mail this completed form to Rossana Urbina, PLIDA Business Manager, at members@plida.org, by **Thursday, November 15, 2020**

***Feel free to expand this form to create the writing space you require.***

If you have any questions, please call us toll-free at 1-888-693-1435, or e-mail rossana.urbina@plida.org.

**Contact Information:**

First Name\*: Click or tap here to enter text. Last Name\*: Click or tap here to enter text.

Credentials: Click or tap here to enter text.

Address\*: Click or tap here to enter text.

City\*: Click or tap here to enter text. State: Click or tap here to enter text.

Zip code: Click or tap here to enter text.

Country\*: Click or tap here to enter text.

Email 1\*: Click or tap here to enter text.

Cell Phone\*: Click or tap here to enter text. Work Phone:Click or tap here to enter text.

**Employment:**

Current Employer, if applicable\*: Click or tap here to enter text.

Position/ Tittle\*: Click or tap here to enter text.

Address\*: Click or tap here to enter text.

City\*: Click or tap here to enter text.

State:Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Country\*: Click or tap here to enter text.

**Role\***: Please select one

|  |  |
| --- | --- |
|[ ]  Advanced Practice Nurse |[ ]  Midwife |
|[ ]  Chaplain |[ ]  Nurse  |
|[ ]  Child Life Specialist  |[ ]  Parent Advocate  |
|[ ]  Doula  |[ ]  Physician |
|[ ]  Funeral Director |[ ]  Social Worker |
|[ ]  Genetic Counselor  |[ ]  Other: Click or tap here to enter text. |
|[ ]  Mental Health Professional |  |  |

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| **Area of Expertise: \*Please select a maximum. of three**

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| --- | --- |
|[ ]  Advocacy |[ ]  Painting/Film |
|[ ]  Bereavement Coordination |[ ]  Pediatric Hospice & Palliative Care |
|[ ]  Bereavement Support Group Facilitation |[ ]  Perinatal Bereavement  |
|[ ]  Education |[ ]  Perinatal Hospice & Palliative Care |
|[ ]  Ethics |[ ]  Parent Advocacy |
|[ ]  Family Medicine |[ ]  Reproductive Genetics |
|[ ]  Genetic Counseling  |[ ]  Reproductive Health |
|[ ]  Labor & Delivery (L&D)  |[ ]  Reproductive Medicine |
|[ ]  Labor, Delivery, Recovery & Postpartum (LDRP) |[ ]  Research |
|[ ]  Maternal Fetal Medicine |[ ]  Social Work |
|[ ]  Neonatal Intensive Care Unit |[ ]  Spirituality |
|[ ]  Neonatal Hospice & Palliative Care |[ ]  Women’s Health |
|[ ]  Neonatology |[ ]  Writing |
|[ ]  OB/GYN |[ ]  Other: Click or tap here to enter text. |
|[ ]  Organizational Leadership |  |  |

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| **Please select a specific Committee to apply for**- please select only one |  |  |  |
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| --- |
|[ ]  Education |
|[ ]  Governance |
|[ ]  Advancement |
|[ ]  Health Equity, Diversity and Inclusion |
|[ ]  Conference Planning |

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**Skills & Experience:**

Please describe prior committee work and leadership experience. Include what experiences you have had that may prepare you to work in a leadership role on a PLIDA Committee.

Click or tap here to enter text.

For the **specific PLIDA Committee that you have applied**, what ideas, talents, or personal connections do you have to offer?

Click or tap here to enter text.

**PLIDA Statement of Accountability**

As a mostly volunteer organization, PLIDA depends on the accountability of its volunteers to keep the organization functioning. Each person’s individual contributions to the organization’s work are *important,* *necessary*, and *irreplaceable*. Therefore, we ask that you sign below, indicating that you have read and agree to this statement:

*I will fulfill what is expected of me as a PLIDA volunteer. Should I be unable to meet the expectations, I will work with the Executive Board to seek a different role or resign from my current commitment until I am able to return to my volunteer work with PLIDA.*

Electronic Signature\*

Click or tap here to enter text.

Please type your First and Last Name

Acceptance Checkbox\*

[ ]  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Statement of Accountability, and that the information provided on this application form is true, correct and complete to the best of my knowledge

**Conflict of Interest Disclosure Form**

**Board Member / PLIDA Volunteer / Committee member**

Name\*: Click or tap here to enter text.

Please inform PLIDA of any relationships, transactions, or positions you hold (volunteer or otherwise) with another organization(s), or circumstances that you believe could contribute to a conflict of interest:

[ ]  I have no conflict of interest\*\* to report

[ ]  I have the following conflict of interest to report

Please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Electronic Signature\*

Click or tap here to enter text.

Please type your First and Last Name

Acceptance Checkbox \*

[ ]  I understand that checking this box constitutes a legal signature confirming that the information provided on this Conflict of Interest form is true, correct, and complete to the best of my knowledge

Date\*: Click or tap to enter a date.

\*\**Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)’other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.*

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