



LEADERSHIP APPLICATION

(The content of this application will remain confidential unless you are chosen as a candidate. If applicable to position's election, it may be provided to the House of Delegates for their deliberations.)

****This PDF should be downloaded and saved to your device BEFORE completing to ensure responses are saved.****

Please return this application, CV and headshot to Lisa Chandre at WDA, 6737 W. Washington St, #2360, West Allis, WI 53214 or electronically via email at lchandre@wda.org.

Officers and At-large Trustee candidates by **June 1**. Regional Trustee candidates by **April 1**.

The WDA Mission statement, a self-evaluation tool, positional qualifications, positional expectations, meeting commitments, and other information you may find useful when deciding to take on an executive leadership role may be viewed and/or downloaded from the Officer/Trustee Election page of wda.org.

A "360 Review" will be conducted for all applicants. Records for Ethics & Dental Relations reviews, Department of Safety and Professional Services cases reviews and Dentistry Examining Board actions will be reviewed by a member of WDA senior staff. If significant actions are noted, concern will be forwarded to the chair of the Ethics and Dental Relations Committee for further review and decision of candidate's eligibility. Because of strict confidentiality of peer review, the House Nominating Committee will receive only the information that an applicant passed or did not pass the internal review process.

Please note: elected candidates are required to attend the Saturday, November 12, 2022 House of Delegates meeting to participate in the induction ceremony and the orientation lunch immediately following the close of the final House session.

Current House Nominating Committee members are not eligible to be considered a candidate for any positions listed on this application.

DATE:

WDA POSITION:	President-elect	Speaker of the House	<i>(Regional trustee candidates, please select region and your component)</i>					
	Vice President	ADA 9 th District Trustee	Regional Trustee	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Editor	At-large Trustee	Component:					

NOMINEE INFORMATION:

Name:

Residence: Address: City, State, Zip:
Phone: () - Email:

Business: Address: City, State, Zip:
Phone: () - Email:

Preferred contact: Residence Business
Email Phone Email Phone

Nominator: Self Other

If other, list name of Nominator: Relationship to Nominee:

"Other Nominator" continue here:

Please explain the context in which you know the work of the nominee:

Is the Nominee aware of this submission?	Yes	No
Is the Nominee familiar with the duties and time commitment this position requires?	Yes	No
If yes, are there any concerns about meeting these requirements you can foresee?	Yes	No
Please explain:		

“Self-Nominator” continue here:

Are you familiar with the duties and time commitment this position requires? Yes No
 If yes, are there any concerns about meeting these requirements you can foresee? Yes No
 Please explain:

Please share your goals and objectives, during your term, if you are elected.

In reviewing the WDA mission statement, describe what this statement means to you. How would you incorporate them into your volunteer service?

What inspired you to seek this volunteer position? What skills and attributes would you bring to this role?

If you are an incumbent, name one thing that you are most proud of in your current volunteer role. List at least one goal that you will strive to achieve during your term.

If newly applying for this volunteer position, describe a situation that was meaningful to you as a developing leader. What do you hope to achieve in this position?

REFERENCES:

Please inform your references that they may submit a letter of recommendation via WDA Executive Director at WDA, 6737 W. Washington Street, #2360, West Allis, WI 53214 or mpage@wda.org. If letter or email is not received by applicable application submission deadline, they will be contacted by a member of the House Nominating Committee. Information they provide will be shared with the full House Nominating Committee on a confidential basis.

Professional (MANDATORY / non-family member preferred)

Name:

Address: City, State, Zip:

Preferred Phone: Work Home Mobile () -

Preferred Email:

Personal (OPTIONAL / non-family member preferred)

Name:

Address: City, State, Zip:

Preferred Phone: Work Home Mobile () -

Preferred Email:

***TECHNOLOGY EXPECTATIONS:**

Communications are conducted electronically via email and meeting/informational materials are uploaded to the web. Instructions are provided to download the materials to a device. Hardcopies are not provided.

WDA expectations for your participation include: High speed internet connection capability. Access to email correspondence and response on a timely basis. Ownership or willingness to purchase a laptop computer or tablet Access to a current version of Adobe Reader. Ability to open and view Microsoft Word and Excel documents.

*We want to access your current level of technological capabilities so that training may be scheduled if necessary. Are you amendable to training? Yes No

Please provide us with any additional information that you would like to share on a separate sheet of paper.

Thank you for your willingness to make this commitment to organized dentistry!