



The mission and core purpose of the American Tinnitus Association are to promote relief, prevent, and eventually find cures for tinnitus, evidenced by its core values of compassion, credibility, and responsibility.

Application Form: ATA Board of Directors

The Nominating Committee invites you to apply for a three-year term on the ATA Board of Directors.

Three (3) new Directors will begin their terms July 1, 2018.

SECTION I

Application Date: _____

Applicant Name: _____

Mailing Address: _____

Telephone Home: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Current Job: _____

Employed by (name of organization or self-employed): _____

Are you a member of the ATA? YES NO

Is this a self-nomination? YES NO

If NO, nominated by? _____

APPLICATION CLOSING DATE: Monday, March 12, 2018, 5:00PM EDT

Please return this form and attachments no later than Monday, March 12, 2018, 5:00PM EDT to Dr. Gary Reul, Chair, Nominations Committee via email at garyreul74@gmail.com. The five to seven finalists will be interviewed via conference call between March 26 and April 7, 2018. If you do not receive a phone call from the Chair concerning a conference call during the two weeks specified, you may consider that you have not been selected as a finalist. A letter will follow. A vote of the ATA Board of Directors will take place April 28, 2018, with applicants and finalists contacted no later than May 5, 2018.

SECTION II: BOARD MEMBER EXPECTATIONS & QUALIFICATIONS

The nominee will:

- A. Be able to attend four regular board meetings per year (two in person, and two by telephone or electronic means). Two consecutive unexcused absence from board meetings is an automatic resignation from the board.
- B. Be able to contribute or fundraise a minimum of \$1,000 for ATA per fiscal year, and be a member of ATA by paying the yearly \$40 membership fee.
- C. Be willing to be on a board committee and be an interested and a contributing member of the ATA Board.
- D. Have no conflict of interest by membership in an organization or work that might be considered in competition or conflict with the core purpose and mission of ATA.

E. Support the articles of incorporation, bylaws, policies, and mission of ATA. ATA's governance documents can be found at <https://www.ata.org/governance>

F. Actively promote the organization and its mission.

G. Support scientific research in the field of tinnitus.

H. Support a collaborative process of deliberation, including keeping an open mind, excluding a predetermined agenda, maintaining respect even if disagreeing, demonstrating a capacity to compromise when appropriate, and being able to support a consensus decision despite earlier differences.

I. Show respect for and understanding of ATA staff, some of whom handle stressful encounters with tinnitus patients every day, and all of whom manage the day-to-day operations of an organization whose membership numbers in the thousands.

J. All board members must sign a Conflict of Interest and an Anti-Harassment policy form.

SECTION III: I BELIEVE I FIT ONE OR MORE OF THESE SKILLS/CRITERIA: (Check all that apply)

- I have Tinnitus: YES NO
- I am involved in Tinnitus research: YES NO
- I provide clinical services in Tinnitus: YES NO
- I have a hearing and/or communications disorder: YES NO

If YES, please describe.

SECTION IV: I HAVE EXPERIENCE IN THE FOLLOWING AREAS:

- | | |
|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Development |
| <input type="checkbox"/> Management – non-profit | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Management – for profit | <input type="checkbox"/> Financial Officer |
| <input type="checkbox"/> Military | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Public Relations / Communications |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Healthcare Management |
| <input type="checkbox"/> Other (Please describe) | <input type="checkbox"/> Support Groups |
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SECTION V

On an attached sheet, please provide a one (1) page synopsis with the following information:

1. List your professional or business experience.
2. List all professional or non-profit organizations with interests in tinnitus, and/or hearing that you belong to as a member or board member.
3. List any other profit or non-profit boards or organizations you belong to that may be pertinent to the board's evaluation of your potential role as a director.
4. Have you engaged in any healthcare advocacy involving tinnitus, hyperacusis, hearing, audiology, or related fields?
5. Why are you interested in joining the board of the ATA, and what do you think would be your most important contribution(s)?
6. Please attach a résumé / vitae. (A resume or vitae longer than two (2) pages will be returned.)

Should you have any questions, please contact Dr. Gary Reul, Nominations Committee Chair, at garyreul74@gmail.com.

We look forward to receiving your application!