



## **Application to serve on the IODA Board of Directors**

INTERNATIONAL ORTHOPAEDIC DIVERSITY ALLIANCE

Thank you for your interest in the International Orthopaedic Diversity Alliance Board of Directors presidential line.

A role on the IODA Board of Directors is rewarding as the Board leads the Alliance in a commitment to promote positive change for diversity and inclusion in the orthopaedic profession.

Influencing change does, however, require a notable commitment from every IODA Director. Prior to completing this application, you are encouraged to consider that all IODA directors are asked to attend up to 10 virtual meetings per year on a Saturday or Sunday, and depending on the role, there is an expectation that agreed tasks – related to IODA's goals – will be completed between meetings.

### **Applicant details**

Name: \_\_\_\_\_

Email: \_\_\_\_\_



## Application Questions

All answers to the following questions should be 200 words maximum.

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| <p>Describe your involvement in IODA to date:</p>                                                                    |  |
| <p>Outline why you would like to volunteer to serve on the presidential line:</p>                                    |  |
| <p>Provide a brief description of your past experience with diversity, equity and inclusion initiatives/efforts:</p> |  |



Outline any particular accomplishments or leadership qualities that make you suitable for the role:

Outline the specific skills you bring, or contributions you hope to make, in the presidential roles:

Please attach to this application a copy of your curriculum vitae and/or resume.



## Application Acknowledgement

I am applying for a position on the International Orthopaedic Diversity Alliance Board of Directors. I understand that there are substantial meeting attendance and participation requirements, which requires active and involved participation.

I hereby certify that all of the information contained in this application is true and correct to the best of my knowledge and, if appointed, I agree to follow the IODA By-Laws, policies and procedures.

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Signature

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Printed name

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Date

Thank you for applying.