## 

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

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

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## PLIDA Board of Directors

## Application Form

Submitting this form confirms your intention to be considered for the ballot in the upcoming election of the PLIDA Board of Directors 2026-2028 three year term. Alignment with PLIDA’s mission and goals and your ability to fulfill the service demands of the PLIDA Board are key considerations in this process. Please complete all form fields in this document and return along with employer letter of support to [members@plida.org](mailto:members@plida.org) by **September 8th, 2025.**

**PLIDA Board of Directors Applicant Requirements**

* Be a current PLIDA Member in good standing
* Have served, be active and in good standing on a PLIDA committee for a period of no less than one full three-year term. Exceptions will be considered on a case-by-case basis
* Not have served on the PLIDA board for a period of two terms prior to application.
* Apply for a specific identified area to serve:
  + - Education/Research
    - Advocacy
    - Maternal Fetal Health
    - Strategic Planning
* Possess leadership qualities that will advance PLIDA as an organization
* May make application for election (or re-election) for a total of two consecutive terms
* Submit a completed application including conflict of interest form, professional resume, employer letter of support, and personal letter of interest to [members@plida.org](mailto:members@plida.org). Application materials MUST be completed and submitted electronically as Word Documents.

*\*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*

**PLIDA Board Member Requirements/Expectations**

* Align themselves with and promote PLIDA’s mission and abide by the guidelines in the Board Process Manual and Bylaws
* Possess strategic organizational planning experience
* Attend quarterly virtual Board Meetings
* Attend the Annual PLIDA Board Retreat
* Attend the biennial International Perinatal Bereavement Conference
* Be comfortable and competent in using and accessing electronic files and virtual platforms
* Guide and oversee a minimum of one PLIDA committee
* Contribute to and oversee PLIDA supported projects
* Fiduciary responsibility to and for the organization

*Note: PLIDA* *Board members, who serve voluntarily and without remuneration, must submit notice of resignation no less than 30 days in writing to executive BOD.*

**PLIDA Board Application Form**

Please e-mail this completed form to members@plida.org. **September 8th, 2025.**

***Add information as needed.***

If you have any additional questions or concerns, please email [members@plida.org](mailto:members@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 |
|  | Mortuary Services Personnel |  | Social Worker |
|  | Genetic Counselor |  | Other: Click or tap here to enter text. |
|  | Mental Health Professional |  |  |

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| --- | --- | --- | --- |
|  |  |  |  |
| **Areas of Expertise: \*Please select a maximum of three**   |  |  |  |  | | --- | --- | --- | --- | |  | Advocacy |  | Painting/Film | |  | Bereavement Coordination |  | Pediatric Hospice & Palliative Care | |  | Bereavement Support Group Facilitation |  | Perinatal Bereavement | |  | Child Life |  | Parent Advocacy | |  | Education |  | Psychosocial Support | |  | Ethics |  | Reproductive Genetics | |  | Expressive Therapy |  | Reproductive Health | |  | Family Medicine |  | Reproductive Medicine | |  | Genetic Counseling |  | Research | |  | Labor & Delivery (L&D) |  | Social Work | |  | Labor, Delivery, Recovery & Postpartum (LDRP) |  | Spirituality | |  | Maternal Fetal Medicine |  | Women’s Health | |  | Neonatal Intensive Care Unit |  | Writing | |  | Neonatal/Perinatal Hospice & Palliative Care |  | Other: Click or tap here to enter text. | |  | Neonatology |  |  | |  | OB/GYN |  |  | |  | Organization Leadership  Subcategory:  Financial  Administrative  Management |  |  | |  |  |  |
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| **Please select one specific area to serve based on your expertise.** |  |  |  |
| |  |  | | --- | --- | |  | Education/Research | |  | Advocacy | |  | Maternal Fetal Health | |  | Strategic Planning | |  |  |  |
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**Skills & Experience:**

Please describe prior (board or leadership) experience (include organization names)

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name | Type of Organization | Your Role | Years Served |
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What experiences have you had that may prepare you to work and contribute in a leadership role on the PLIDA Board? \* Click or tap here to enter text.

For the **specific identified area 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 Board Members 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 Board Member. Should I be unable to meet the expectations and/or requirements, I will work with the Executive Board to seek a different role until I am able to return to my volunteer work with PLIDA or resign from my current commitment.*

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/or your spouse, partner, immediate family member, or employer) you have served, 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.*