

BOARD OF DIRECTOR NOMINATION FORM-Youth Member

Thank you for your interest in joining the Tobacco Free North Dakota Board of Directors as a Youth Advocate. Please return this completed form to be considered for nomination.

Your information will be shared with current TFND Board Members as a way for us to get to know you. Please let us know of any questions or concerns, and thanks for your willingness to serve!

MEMBER INFORMATION Name _____ Home/Cell Phone _____ Home Address _____ City, State, Zip Personal and/or School Email ______ SCHOOL INFORMATION School _____ Grade _____ Clubs and Other Extracurricular Activities (Optional) Describe why you are interested in a youth board position focused on tobacco control policy and related activities.

What are your expectations of TFND?	
Are you interested in a healthcare related career?	
Please tell us anything know you a bit.	g else you would be willing to share to help us get to
perform other board du 2 hours once a month. legislative work, events	are not voting members of TFND; however, are expected to uties as required. Monthly conference calls are held for 1 to In person meetings may occasionally be requested for 5, Board retreats, and other programming. Please contact or, Heather Austin with any questions at 701-527-2811 or 3
	OFFICE USE ONLY
Date Received	Handled by
