



**NEW YORK ASSOCIATION OF DRUG TREATMENT COURT PROFESSIONALS  
BOARD APPLICATION FORM**

1. Candidate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Current Position/Employer: \_\_\_\_\_

3. Relevant Experience and/or Employment. Please attach resume.

4. Please list all drug-court/problem-solving court conferences and trainings you have attended since January 2016: \_\_\_\_\_  
\_\_\_\_\_

5. Please circle area(s) of expertise/contribution you feel you can make to further the mission of the New York Association of Drug Treatment Court Professionals:

Fundraising    Policy Development    Public Policy Advocacy    Legislative Contacts  
Conference Planning    Special Events    Strategic Planning    Capital Campaign  
Technology

6. Please list prior experience serving as a Board Member for other non-profit organizations:

\_\_\_\_\_  
\_\_\_\_\_



**NEW YORK ASSOCIATION OF DRUG TREATMENT COURT PROFESSIONALS  
BOARD APPLICATION FORM**

7. What other volunteer commitments do you currently have?

---

---

8. Why are you interested in serving as a Board Member for NYADTCP?

---

---

9. Please share any other information you feel important for consideration of your application  
To serve as a Board Member.

---

---

---

PLEASE SCAN APPLICATION TO: Karen DeBenedetto@ [kdebened@nycourts.gov](mailto:kdebened@nycourts.gov)

---

*For Board Use*

\_\_\_ Nominee has had a personal meeting with either the Executive Director, Board Chair,  
or other Board Member. Date: \_\_\_\_\_

\_\_\_ Nominee reviewed by the Committee. Date: \_\_\_\_\_

\_\_\_ Nominee proposed to the Board. Date: \_\_\_\_\_

\_\_\_ Board Action      \_\_\_ Elected      \_\_\_ No Action      Date: \_\_\_\_\_