



Nizhoni Institute of Midwifery *Application to the Board of Trustees*

Vision: *Nizhoni is a Navajo word which conveys the spirit and practice of “the beauty way” as experienced and expressed through living in balance and harmony with the world. As midwives and students, we seek that balance as we honor both our valued birthing traditions and contemporary midwifery and medical knowledge. Graduates of the Nizhoni Institute of Midwifery are prepared to function as independent care providers for women and newborns. As midwives, we bring harmony and balance to childbearing and assist each woman to discover the transformative nature and experience of giving birth. As an institution providing midwifery education, we create and foster a strong commitment to excellence in midwifery care and practice in any given place or circumstance, encouraging midwives and those we serve to embrace and exemplify “The Beauty Way.”*

Mission: *As our commitment to improving outcomes in birth and health care in the United States and throughout the world, Nizhoni Institute of Midwifery is dedicated to providing current, relevant, and clinically robust education in the art and science of midwifery.*

Nizhoni Institute of Midwifery is a 501(c) (3), not for profit organization. Board members are elected to serve two-year terms, not to exceed three successive two-year terms per position.

YOUR ABILITY TO SERVE

- You will be required to attend regular board and committee phone conference call meetings. Board calls take place quarterly for about 1.5 hours. Additional call(s) are held as needed.
- You will be expected to attend annual Nizhoni Board meetings, usually scheduled around graduation (October or November).
- You will be asked to donate about 4-6 hours per month to Nizhoni Board work

YOUR INFORMATION

Name: _____

Home address: _____

Business name: _____

Business address: _____

Phones: Cell _____ Business: _____

Fax: _____ Home: _____

Preferred email address: _____

Professional licensure if applicable:

State: _____ Type of License: _____ Initial date of licensure: _____

Current status: _____Active _____Inactive _____Retired

Midwifery certification:

CNM Active Inactive Initial date of certification: _____

CPM Active Inactive Initial date of certification: _____

YOUR EXPERIENCE

Education: _____

Professional Experience: _____

Maternal child health: _____

Other professional experience: _____

Your vision for the organization: _____

YOUR BACKGROUND

What skills and expertise can you contribute? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Other |
| <input type="checkbox"/> Business or corporate experience | <input type="checkbox"/> Management |
| <input type="checkbox"/> Computers/technology | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Diversity: midwifery education | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Diversity: midwifery practice | <input type="checkbox"/> Midwifery consumer |
| <input type="checkbox"/> Education | <input type="checkbox"/> Midwifery educator |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Non-profit governance |
| <input type="checkbox"/> Funding proposals/Grant writing | <input type="checkbox"/> Organizational development |
| <input type="checkbox"/> Health care expertise | <input type="checkbox"/> Personnel management |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Relations/publicity |
| <input type="checkbox"/> Investment/banking/trusts | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Law | <input type="checkbox"/> Website design |
| <input type="checkbox"/> Legislation/Lobbying | <input type="checkbox"/> Writing/publications |

Please attach a separate document including the following:

- Briefly explain your interest in the Nizhoni Board. How would you help Nizhoni to meet its mission?
- What do you see as Nizhoni's role in midwifery education in the next 5-10 years?
- List any boards you have served on, include dates and positions held.
- List any charitable or community activities in which you have been involved, include dates and brief description of participation.
- What is your working style, how do you do your best work — independent, group, verbal processor, quiet thinker, etc.

Please include a resume or CV and two references with contact information who have given permission to be contacted.

Signature of Applicant: _____

Date: _____

Please email completed application to nizhoni@nizhoniinstitute.edu

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