# CHILD ADVOCATES OF BLAIR COUNTY, INC.

### Application for Board Membership

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin age, disability, marital or veteran status, or any other legally protected status.

Date of A	Application: <u>9-17-18</u>			
Name:	Novak	Daniel		thomas
_	Last	First		Middle
Address:	131 Lemic Or	New Paris	Pa	15554
	Number/Street	City	State	Zip Code
Phone:	814 889 6426	(work)		
	814 341 4632	(cell)		
Email:	_novakate upmc.	edu		
Date of E	Birth: $\frac{1-17-86}{(required for CACFP repo$	orting)		
Are you a	a former Child Advocates empl	oyee? () Yes (᠘	No	
Are you a	a current or former Head Start	parent? ( ) Yes (	No	
Optional	<b>!:</b>			
How did	you hear about us? ( ) CABC	Website ( ) Faceb	ook () Altoc	ona Mirror
	( ) CABC	Employee:		
	( <del>4)</del> Othe	r: Healthy Sla	ir County C	natition.

# **Educational Background**

	High School	College/University	Graduate/Professional
School Name	Chestnut Ridge	Franklin and Moshell Willed	University of Pitts by
Years Completed	2005	2009	2013
Diploma/GED	Oplom	BA Biliar	Dental Schol DMD
Course of Study		Biology	DMO

### **Employment Experience**

1.	Employer: UPMC Altoura				
	Address: 501 Howard Ave D-103 Alton Pa 16601				
	Job Title: Dentist, Director				
Dates Employed: May 2013 - Current					
	Work Performed: Dentist				
2.	Employer: Boton Dental  Address: 2217 7th Ave Altona Pa 16602				
	Job Title: Dentist				
	Dates Employed: My 2013 - January 2017				
	Work Performed: Dentist				

# **Applicant's Certification**

I certify that the answers given herein are true and complete to the best of my knowledge.

 JATIMAND
 9-17-18

 Signature
 Date

Revised: 09/14/2018