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MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Application for Committees of the Massachusetts Medical Society

Application Instructions: Complete all of the fields below and email this form and CV to Karen Harrison at kharrison@mms.org.

Date:
Name:
District Society:
Mailing Address:
Email:
Phone:
If you are currently serving on any committees, please indicate:
Please list your committee choices in order of preference: 1. 3. 2. 4.
Please explain why you are interested and include any pertinent information about your background.
Many committees meet during the daytime or late afternoon. Are you flexible/willing to adjust your schedule to attend some daytime or late afternoon meetings? Daytime: Y <input type="checkbox"/> N <input type="checkbox"/> Afternoon: Y <input type="checkbox"/> N <input type="checkbox"/> Evening: Y <input type="checkbox"/> N <input type="checkbox"/>
Every effort will be made to appoint you to a committee of your choice. However, if this is not possible, are you willing to serve on another committee? Y <input type="checkbox"/> N <input type="checkbox"/>

Diversity and Demographics

In order to attract the most diverse pool of candidates possible, we request the following self-reported diversity statement and optional demographic information. This information may be used in the internal deliberation of candidates and may be reported in aggregate form only. The MMS does not discriminate on the basis of race, gender, sex, sexual orientation, ethnicity, disability, national origin, religion, or the like, and will not tolerate behavior that amounts to such discrimination.

Candidate's Diversity Statement. Please describe how you will bring diversity to the position for which you are applying.

Demographics. The following questions are optional:

Race/Ethnicity: Which of the following best describes you? (select all that apply)

- Asian
- Middle East/North African
- Black or African American
- Hispanic, Latino, or of Spanish Origin
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Unknown
- White
- Other:
- Prefer not to respond

Gender Identity: What is your gender?

- Man
- Woman
- Non Binary/Non-Conforming
- Agender
- Genderqueer
- Prefer to self-describe:
- Prefer not to say

Do you identify as transgender?

- Yes
- No
- Prefer not to say

Sexual Orientation: Which of the following best describes how you think of yourself?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Queer
- Prefer to self-describe:
- Prefer not to say

Disability: Would you describe yourself as having a disability/being differently-abled?

- Yes
- No
- Explain if desired:

Please return completed form and CV to kharrison@mms.org