

ACP Volunteer Application Form

Volunteer Background and Experience

In order to assess and determine how best to utilize your talents and expertise as a volunteer, we would like to ask you to complete the following questionnaire. The type and number of questions are intended to help us target your interests and match your past experience as a volunteer. In addition, we ask that you review the guidelines and standards statement required of all who serve on a committee or task force of the College.

General Information:

Name:		
Street Address:		
Suite:		
City:	ST:	ZIP:
Country:		
Work Phone:		
Fax:		
E-mail:		

1. What has motivated you to serve as a volunteer? What are your reasons for wanting to serve in a volunteer capacity?

2. Please identify areas in which you are interested in serving. (Check all that apply.)

<input type="checkbox"/> International Affairs	<input type="checkbox"/> Specialty Recognition	<input type="checkbox"/> Distance Learning Task Force	<input type="checkbox"/> Public Awareness Task Force
<input type="checkbox"/> Veinline Newsletter	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Exhibitor Advisory	<input type="checkbox"/> Physician Awareness Task Force
<input type="checkbox"/> Awards Committee	<input type="checkbox"/> Journal Reference	<input type="checkbox"/> Fellowship Training Program	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Coding & Reimbursement	<input type="checkbox"/> Professional Education	<input type="checkbox"/> Preceptorship Development	
<input type="checkbox"/> Recruitment & Retention	<input type="checkbox"/> Public Education	<input type="checkbox"/> Research Programs	

3. How long are you willing to serve on a committee or task force?

Single project only One year Two years

4. How much time are you able to commit to volunteer work? How many hours per month? How will your daily work commitments affect your volunteer efforts?

Personal background:

Please indicate your involvement in, and/or management of non-profit organizations and foundations.

1. Name of the organization(s)
2. What position(s) have you held? (Please list all positions held.)
3. What was the length of service in each of your volunteer positions?
4. Did you work with paid staff?
5. Did you work independently or as part of a team?
6. Please list major accomplishments during your tenure.

Coaching of sports team(s):

1. Name of the organization
2. How long did you serve in this capacity?

Humanitarian volunteer efforts/actions:

Describe the type and level of involvement you had in the effort (e.g., Did you organize the effort? Did you serve in a support role?).

Foreign languages knowledge:

1. Spoken?
2. Written?
3. Translation?

Professional background:

1. Please indicate your current medical practice environment
 Solo Practice Group Practice Academic Medical Center
2. Diplomas held (Please list all.) *Please see attached CV.*
3. Teaching position(s) held (Please list all.) *Please see attached CV.*
4. Academic position(s) (Please list all.) *Please see attached CV.*
5. Scientific publications (Please list all.) *Please see attached CV.*
6. Design of Randomized Control Studies or similar (Please describe)
7. Indicate your experience and/or ability to summarize meetings, write memos, drafts and reports with clear and concise wording, or other written communications.
 Minimal Medium Extensive

Please list other elements of specific interest:

1. Management/business administration
2. Human resources management
3. Bio-statistics
4. Communications
5. Technology
6. Membership program development
7. Curriculum development
8. Research and analysis