



Volunteer Application

Available Online

<http://www.phlebology.org/aboutus/committees.html>

GENERAL INFORMATION *Please print or type*

First and Last Name _____ Designation _____

Company _____ Email _____

Street Address _____ Phone _____

City, State, Zip _____ Fax _____

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

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

- | | | | |
|--------------------|-----------------------|---------------------|--------------------|
| Int'l Affairs | Specialty Recognition | Distance Learning | Public Awareness |
| VeinLine Newsltr | Speaker's Bureau | Physician Awareness | Fellow Program |
| Awards & Honors | Journal Reference | Coding & Reimburs. | Prof. Education |
| Recruitment & Ret. | Research Programs | Nursing Section | Ultrasound Section |
| APN & PA Section | Technology | Product Development | Preceptor Program |

Task force (fill in) _____ Other (fill in) _____

3. How Long are you willing to serve on a committee and/or task force?

Single, short term project (under a year) One Year Two Years

4. How much time are you able to commit to volunteer work per month? _____ (hours)

A. How will this affect your daily work commitments? _____

PERSONAL BACKGROUND: Indicate your involvement in non-profit organizations and foundations.

5. Name other non-profit organization(s) and/or foundations that you are involved in.

A. What positions have you held(& length of stay)? _____

C. Did You work with paid staff? YES NO D. How do you prefer to work? Independently Part of team

E. List Major Accomplishments during your tenure. _____

For Office
Use ONLY

Received	Confirm sent to app.	Sent to Chair(s)	Reply from chair(s)	Appointed/Result.
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SCIENTIFIC INTEREST:

6. Please List other elements of scientific interest. (Check all that apply)

- | | | |
|------------------------------|---------------------------------|--------------------------|
| Mgmt/Business Administration | Human Resource Management | Bio Statistics |
| Information Technology | Membership Program Development. | Curriculum Development |
| Social Media | Research Analysis | Marketing/Communications |
| Other/Comments _____ | | |

COACHING OF SPORTS TEAMS

7. Name of sport, team and length of time that you are involved in. _____

HUMANITARIAN VOLUNTEER EFFORTS/ACTIONS

8. Describe the type and level of involvement you had in the effort (e.g., Organizer or support role?) _____

PROFESSIONAL BACKGROUND

9. Indicate your current medical practice environment. Solo Practice Group Practice Academic Medical Ctr

10. Please attach your Curriculum Vitae with reference to diplomas held, teaching positions, academic positions, scientific publications, Research/Studies, etc., or list them below.

- A. Diplomas _____
- B. Teaching Positions _____
- C. Academic Positions _____
- D. Scientific Publication _____
- E. Studies or Research _____

11. Indicate your experience/ability to summarize meetings, write memos, drafts & reports with clear and concise wording.

Minimal Medium Extensive

VOLUNTEER AGREEMENT

By signing below, I certify, to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I complete or submit during the application process or thereafter are true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer or for being dismissed if I/applicant am already a volunteer at any time when discovered.

I will commit the time required to make ACP a professional priority (including attendance at conference calls, follow-through on projects, and respecting the time of fellow volunteers). I will engage in all assignment with a positive, constructive attitude. I will abide by ACP's Mission, Vision and Code of Ethics. I hereby agree to ACP's Disclosure of of Interest Policy and have provided a signed Disclosure of Interest form to ACP Staff. (and have listed any known or potential conflicts).

Signature _____ Date _____