



## General Information

Please type or print clearly.

First and Last Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Committees

Thank you for applying to serve on an ACP Committee. We look forward to your future participation. To better help us place you, please select the committee you are interested in. To view a description of the committees, please visit: [www.phlebology.org](http://www.phlebology.org) → About Us → Committees. If there is a committee that doesn't exist that you think should be created, please fill in the "Other" blanks below.

- |  |  |
|--|--|
| <input type="checkbox"/> Nominating Committee              | <input type="checkbox"/> Fellowship Training Committee   |
| <input type="checkbox"/> Audit Committee                   | <input type="checkbox"/> Public Education Committee  |
| <input type="checkbox"/> Finance Committee                 | <input type="checkbox"/> Congress Scientific Committee   |
| <input type="checkbox"/> Annual Congress Task Force        | <input type="checkbox"/> Research Grants Committee   |
| <input type="checkbox"/> Phlebology Forum Task Force       | <input type="checkbox"/> Standards and Guidelines Committee  |
| <input type="checkbox"/> Vein Registry Task Force          | <input type="checkbox"/> ACCME Compliance and Content Direction (CME) Committee Workgroup                  |
| <input type="checkbox"/> International Affairs Committee   | <input type="checkbox"/> Annual Congress (CME) Workgroup   |
| <input type="checkbox"/> Speakers Bureau Committee         | <input type="checkbox"/> Regional Meetings (CME) Workgroup   |
| <input type="checkbox"/> VeinLine Newsletter Committee     | <input type="checkbox"/> Internet/Enduring Materials Workgroup (CME)                                       |
| <input type="checkbox"/> Specialty Recognition Committee   | <input type="checkbox"/> Clinical Discussions - Linked In Committee  |
| <input type="checkbox"/> Exhibitor Advisory Committee      | <input type="checkbox"/> Medical Technology Committee  |
| <input type="checkbox"/> Coding & Reimbursement Committee  | <input type="checkbox"/> Ad-Hoc Committee for document review, service review, surveys, beta testing, etc. |
| <input type="checkbox"/> Recruitment & Retention Committee | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> APN/PA Section Committee          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Ultrasonography Section Committee | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Nursing Section Committee         |  |
| <input type="checkbox"/> Leadership Development Committee  |  |

## Background

Please submit the following as an MS Word or PDF document to ACP Headquarters - email: [membership@acpmail.org](mailto:membership@acpmail.org) or fax: 510-346-6808

- This Volunteer Application completed and signed
- Current Curriculum Vitae
- Signed and completed Disclosure Form
- Answers to the following:**
  - What skills do you have that may correlate to the selected committee(s) above. For ex. (Marketing, education, computer software, social media, public speaking, political lobbying, etc.)
  - Have you ever held another volunteer position and/or participated in a community activity? Yes or No? If yes, please describe the organization, what you volunteered for and when?
  - In a short paragraph, let us know why you wish to volunteer with ACP. Include a personal statement that lists your areas of expertise and why you should be recommended to serve on a committee. If you have a particular committee that you are interested in, please include this in your statement.
  - List any ACP Members who referred you to volunteer (not Required)



## Agreement

I \_\_\_\_\_ (name) understand and agree that volunteering require the following;

- I will regularly check my email for committee notifications and activities.
- I will do my best to attend 75% of the committee's pre-scheduled conference calls.
- I will participate in 80% of all votes, reviews, discussions that the committee is involved in.
- I understand that if I am unable to complete or participate in tasks outlined by our chair, and I feel the need to terminate my volunteer activity, I will inform the chair and ACP staff via written format.
- I will disclose any commercial interests as they are added throughout the year.
- I understand that If my attendance and participation falls below the expected rates stated above, (without proper notification and/or communication) the chair of the committee may suspend my activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Application complete

Background complete

Disclosure

CV

Date Submitted

Confirm sent to applicant

Sent to Review Committee

Result of review

Member Since

Notes on progress

Placed on Committee

Committee