

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

AVCA VOLUNTEER SHOW OF INTEREST FORM

Are you interested in volunteer work with the AVCA? If you are a good-spirited individual with an interest in teamwork, a little free time, commitment to completing tasks and a desire to help shape the future of animal chiropractic, please submit your name to the committe pool. Committee interests are reviewed as positions become available or ad hoc committees are initiated. Complete this form and retuyia mail or email.

| Name: | | | | | | | Title: | |
|------------|---|---|---|-----------------------|---|----------------|---|--|
| Ad | dress | 3: _ | | | | | | |
| Cit | ty: | | State/Province: | | | | | |
| Zip | /Pos | tal Code: | | | | | | |
| Off | ice P | h: | Fax: | | | | | |
| Email: | | | Home Ph: | | | | | |
| N | lumb | er of years | | | | | nittee before? | |
| | | nich commi | | , | | | | |
| | | | ERENCES: (IF MORE THAN (| ONE, PLEASE NOT | E PRE | FERENCE W | <u>ітн 1, 2, 3, етс.)</u> | |
| | ☐ Education Committee – Develop approval criteria for animal chiropractic institutions to be used for purposes of determining eligibility for AVCA certification and for advising regulatory/licensure bodies regarding acceptable animal chiropractic training programs. | | | certificants | Committee – Represents AVCA training and safety and encourages and king relations of stakeholders with entities | | | |
| | | recommer | ommittee – Periodically revie nds changes deemed necession of the Association | | | | Committee – Reviews qualified and provides public notice of slate of | |
| | I am interested in participating in association and commission surveys. Check Areas of Interest: | | | | | | | |
| | | | Leadership _ | Membership | Cer | tification | _Practice Analysis | |
| | Oth | ther Areas of Interest – Please Mark: (Leadership: Director, Officer, Certification Commission, Examiner, etc.) | | | | | | |
| Ple | ease | attach a bi | io and/or CV along with res | ponses to the fol | lowin | g questions | : | |
| | 1. | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | 4. What volunteer contributions have you made within your professional community? | | | | | | |
| | 5. | 5. What volunteer contributions have you made within the animal chiropractic community? | | | | | | |
| | 6. | 6. What volunteer contributions have you made within your community? | | | | | | |
| | 7. | 7. What are your reasons for wishing to contribute to AVCA in this volunteer role? | | | | | | |
| | 8. | What are your strengths in relationship to a volunteer position? | | | | | | |
| | 9. | How will the AVCA benefit from your participation? | | | | | | |
| und | dersta | and that AVC | | for committee activit | ies, ot | her than confe | the committees I have selected above. I erence calls of the full committee called by the to participate on a committee. | |
| Signature: | | | | | | | Date: | |
| | | | Committee interests are reviewed as positions become available or ad hoc committees are initiated | | | | | |

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Please return to the AVCA through mail or a pdf attachment to an email avcainfo@junct.com. Do NOT fax.