

REFERENCE COMMITTEE VOLUNTEER FORM

This form is to be completed by volunteers for reference committees, other than those volunteering for Reference Committee F, which uses a separate form. Indicate at which meeting(s) and on which committee(s) you are willing to serve. Appointments are made before each HOD meeting and are for a specific meeting. Usually individuals are not asked to serve more than once every two or three years, with exception of individuals returning to serve as chair. Please note as well that volunteers will periodically be asked to reconfirm their willingness to serve.

If you would like to volunteer for Reference Committee F, please use the form specific to reference committee F. Please note that that service on reference committee F is for two years or four HOD meetings (three years if appointed chair).

VOLUNTEER INFORMATION			
Name	Specialty		
Email	Phone		
City / state			
Annual Meeting reference committ	ees Constitution & Bylaws	☐ A (medical service)	
☐ B (legislation)	□ C (medical education)	☐ D (public health)	
☐ E (science and technology)	☐ G (medical practice)	☐ Any reference committee	
☐ Rules & Credentials			
Volunteering at ☐ A-20	□ A-21 □ A-22	☐ Any Annual Meeting	
Interim Meeting reference committee		☐ B (legislation)	
□ C (medical education <i>if needed</i>) □ J (medical service / medical practice)			
☐ K (public health, science and technology, and possibly medical education)			
☐ Any reference committee	☐ Rules & Credentials		
Volunteering at ☐ I-20	□ I-21 □ I-22	☐ Any Interim Meeting	
Delegate or Alternate Delegate: (PLEASE SELECT ONE)			
☐ Delegate	☐ Alternate Delegate		
Name of society or section			
Please list previous reference committee service, including service on state, local and/or specialty committees, and at which, if any, you chaired the committee.			

(continues below)

Statement of interest (optional, not to exceed 150 words)		