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).

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| VOLUNTEER INFORMATION |
| Name  | Specialty  |
| Email  | Phone  |
| City / state  |
| Annual Meeting reference committees [ ]  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 committees [ ]  Constitution & Bylaws [ ]  B (legislation)[ ]  C (medical education *if needed*) [ ]  J (medical service / medical practice)[ ]  K (public health, science and technology, *and possibly medical education*)[ ]  Any reference committee [ ]  Rules & Credentials |
| Volunteering at [ ]  I-19 [ ]  I-20 [ ]  I-21 [ ]  Any Interim Meeting |
|  |
| Delegate or Alternate Delegate: (PLEASE SELECT ONE) |
| [ ]  Delegate [ ]  Alternate Delegate |
| Name of society or section |
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| 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) |

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| Statement of interest (optional, not to exceed 150 words) |
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Please email completed form to hod@ama-assn.org. If you have questions or require additional information please contact Carla Frenzel, Assistant Director, Office of House of Delegates Affairs at carla.frenzel@ama-assn.org or 312.464.4492.