



SPECIAL MEETING HOD COMMITTEE VOLUNTEER FORM

This form is to be completed by volunteers for reference committees (*other than F*), the Rules & Credentials committee, and the Resolution Committee for a Special Meeting of the House of Delegates. **Please indicate the specific committees in which you would be interested.** You may choose more than one committee, or you may choose "ANY."

Please note that Volunteers to chair a reference committee must be experienced with managing a virtual meeting.

I would like to be considered to serve as Chair of a Reference Committee

VOLUNTEER INFORMATION	
Name:	Specialty:
Email:	Mobile:
City / state:	
HOD Committees	
<input type="checkbox"/> ANY <input type="checkbox"/> Constitution & Bylaws <input type="checkbox"/> A: Medical Service <input type="checkbox"/> B: Legislation <input type="checkbox"/> C: Medical Education <input type="checkbox"/> D: Public Health/ <input type="checkbox"/> E: Science Technology <input type="checkbox"/> G: Medical Practice <input type="checkbox"/> Rules & Credentials <input type="checkbox"/> Resolution Committee	

Delegate or Alternate Delegate: (PLEASE SELECT ONE)	
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate Delegate
Name of the society or section you represent:	

Please list previous COMMITTEE service , including service at the state, local, specialty, and/or section level, and if you chaired the committee. PLEASE DO NOT ATTACH A CV.

(continues below)

Statement of interest (not to exceed 150 words)

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.