

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the MARRT. Please complete this application form and email it to office@marrt.org

APPLICANT INFORMATION:

Name:	Tel Home ()
Address:	Tel Cell ()
City/Town:	Province:
Postal Code:	Email:

PREFERRED COMMITTEE POSITION:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Advisory Council <input type="radio"/> Clinical Practice Guidelines Committee <input type="radio"/> Continuing Competency Committee <input type="radio"/> Discipline Committee <input type="radio"/> Finance Committee <input type="radio"/> Nominating Committee <input type="radio"/> Legislative Committee | <ul style="list-style-type: none"> <input type="radio"/> Awards Selection Committee <input type="radio"/> Communications Committee <input type="radio"/> Complaints Committee <input type="radio"/> Education Committee <input type="radio"/> Governance Committee <input type="radio"/> Public Relations Committee |
|---|---|
- Other (please list):

BOARD OF DIRECTORS AND/OR COMMITTEE EXPERIENCE:

(Please include either a CV or a Letter of Intent including pertinent experience)

ADDITIONAL INFORMATION:

1. References:

1. Name:
Address:
Telephone: (H) (W)
Email:
2. Name:
Address:
Telephone: (H) (W)
Email:

I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references may be contacted.

Signature

Date

The MARRT considers a number of factors including expertise, experience, practice setting, and other special skills or attributes when selecting committee volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies. Only those candidates being considered will be contacted. The MARRT BOD thanks you for your interest.