

Volunteer Application Form

Last name: _____ First Name: _____ MI _____

Current place of employment: _____

Current ABTC Certification: _____ No. of years certified: _____

Address at which you prefer to receive mail:

Street Address: _____

City, State, Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PRACTICE AREAS (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Consent/Management |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Organ Allocation |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Hospital Development |
| <input type="checkbox"/> Pancreas/Islet Cell | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Tissue | |

PREVIOUS VOLUNTEER EXPERIENCE - Check all that apply

- | | |
|---|---------------------------|
| <input type="checkbox"/> ABTC Item writer | No. of years served _____ |
| <input type="checkbox"/> NATCO/ITNS/ISOP Board Member | No. of years served _____ |
| <input type="checkbox"/> NATCO/ITNS Committee | No. of years served _____ |
| <input type="checkbox"/> Other (please provide committee name & years of service) _____ | |

Please list your strengths here (e.g., writing/communications, finance, research, question writing, leadership, etc.):

For which committees would you like to apply to serve? (Check all that apply)

- Board of Governor Service
- CPTC Examination Committee
- CCTC Examination Committee
- CCTN Examination Committee
- CTP Examination Committee
- Continuing Certification Committee

- My CV/resume is attached

Signature: _____

Submit to the ABTC Office at info@abtc.net.