



## Committee Volunteer Application

Last name (surname): \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other last names(s) on official documents: \_\_\_\_\_

Current place of employment: \_\_\_\_\_

Address at which you prefer to receive mail \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Institution (and year) from which graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Year certified: \_\_\_\_\_ ABGC/ABMG Years worked in the profession: \_\_\_\_\_

### SPECIALTY AREAS (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Prenatal/ Teratology            | <input type="checkbox"/> Adult Diseases                   |
| <input type="checkbox"/> Counseling theory               | <input type="checkbox"/> Ethical, Legal and Social issues |
| <input type="checkbox"/> Pediatric                       | <input type="checkbox"/> Neurogenetics                    |
| <input type="checkbox"/> Management of genetic disorders | <input type="checkbox"/> Laboratory/Industry              |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Public Health/Newborn Screening  |
| <input type="checkbox"/> Predictive testing              | <input type="checkbox"/> Other _____                      |

Are you affiliated with a genetic counseling training program? If so, which program, and in what position?

\_\_\_\_\_

### PREVIOUS VOLUNTEER EXPERIENCE *Check all that apply and write in year(s) served*

- |  |   |
|--|---|
| <input type="checkbox"/> Item writer _____       | <input type="checkbox"/> ABGC/NSGC committee<br>(name & years) _____          |
| <input type="checkbox"/> Site visitor _____      | <input type="checkbox"/> ABGC Ad Hoc committee member<br>(name & years) _____ |
| <input type="checkbox"/> ABGC board member _____ |   |
| <input type="checkbox"/> NSGC board member _____ |   |

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

\_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Accreditation Review Committee      | <input type="checkbox"/> Practice Analysis Committee |
| <input type="checkbox"/> Certification Examination Committee | <input type="checkbox"/> Site Visitor Committee      |
| <input type="checkbox"/> Communication Committee             | <input type="checkbox"/> Site Visitor                |
| <input type="checkbox"/> Item Writing Committee              | <input type="checkbox"/> Finance Committee           |
| <input type="checkbox"/> Nominations Committee               |  |

***\*Please attach your CV with this application and submit to the ABGC Executive Office\****