



# Committee Volunteer Application

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

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

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

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

Degree: \_\_\_\_\_ Year certified: \_\_\_\_\_ Years worked in the profession: \_\_\_\_\_

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

## SPECIALTY AREAS *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Diseases                   | <input type="checkbox"/> Neurogenetics                   |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Pediatric                       |
| <input type="checkbox"/> Counseling Theory                | <input type="checkbox"/> Predictive Testing              |
| <input type="checkbox"/> Ethical, Legal and Social Issues | <input type="checkbox"/> Prenatal/Teratology             |
| <input type="checkbox"/> Laboratory/Industry              | <input type="checkbox"/> Public Health/Newborn Screening |
| <input type="checkbox"/> Management of Genetic Disorders  | <input type="checkbox"/> Other _____                     |

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

### Board Member:

- ABGC Board Member \_\_\_\_\_
- ACGC Board Member \_\_\_\_\_
- NSGC Board Member \_\_\_\_\_
- Other Board \_\_\_\_\_

### Committee Member:

- ABGC Committee \_\_\_\_\_
- ACGC Committee \_\_\_\_\_
- NSGC Committee \_\_\_\_\_
- Other Committee \_\_\_\_\_

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"/> Disciplinary Review Committee | <input type="checkbox"/> Nominating Committee                        |
| <input type="checkbox"/> Finance Committee             | <input type="checkbox"/> Practice Analysis Committee (every 5 years) |
| <input type="checkbox"/> Item Writing Committee        |  |

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