

HOD COMMITTEE VOLUNTEER FORM

This form is to be completed by volunteers for reference committees (other than F), the Rules & Credentials committee, Tellers, and the Resolution Committee (Interim only) for HOD meetings. Note that if we hold a Special Meeting, volunteers may be needed to serve on a Resolutions Committee. Please indicate all committee/s on which you would be interested in serving. You may select multiple individual committees, or select "ANY" if you are open to serving where needed.

Please submit a new application using this form, even if you have previously applied or have recently served on a committee including for any of the Special Meetings. Preference will be given to those who have not recently served; however, all interested are encouraged to apply.

Reference committees will meet on the weekend prior to our scheduled meeting to develop their Preliminary Documents based on Online Forum testimony. We ask that all who are interested in serving on reference committees hold that weekend open to accommodate these meetings.

I will be available to meet virtually on the weekend prior to the Opening of the HOD if selected to serve on a reference committee.

I am volunteering to serve as Chair of a reference committee

*Name

*Specialty

*Email

*Mobile #

*City / state

VOLUNTEER INFORMATION (*REQUIRED)

HOD COMMITTEES

ANY

Constitution & Bylaws

Medical Service

Legislation

Medical Education

Public Health

Science Technology

Medical Practice

Rules & Credentials

Teller

Resolution(s) Committee

PLEASE SELECT ONE:

Delegate

Alternate Delegate

Name of the society or section you represent:

Previous Service:

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

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 Donna Fasone, Manager, Office of House of Delegates Affairs at donna.fasone@ama-assn.org or 312-464-4492.