



REFERENCE COMMITTEE VOLUNTEER FORM

This form is to be completed by volunteers for reference committees, other than those volunteering for Reference Committee F, which uses a separate form. Indicate at which meeting(s) and on which committee(s) you are willing to serve. Appointments are made before each HOD meeting and are for a specific meeting. Usually individuals are not asked to serve more than once every two or three years, with exception of individuals returning to serve as chair. Please note as well that volunteers will periodically be asked to reconfirm their willingness to serve.

If you would like to volunteer for Reference Committee F, please use the form specific to reference committee F. Please note that that service on reference committee F is for two years or four HOD meetings (three years if appointed chair).

VOLUNTEER INFORMATION				
Name				Specialty
Email				Phone
City / state				
Annual Meeting reference committees				
<input type="checkbox"/> Constitution & Bylaws			<input type="checkbox"/> A (medical service)	
<input type="checkbox"/> B (legislation)	<input type="checkbox"/> C (medical education)		<input type="checkbox"/> D (public health)	
<input type="checkbox"/> E (science and technology)	<input type="checkbox"/> G (medical practice)		<input type="checkbox"/> Any reference committee	
<input type="checkbox"/> Rules & Credentials	<input type="checkbox"/> Resolutions Committee			
Volunteering at	<input type="checkbox"/> A-21	<input type="checkbox"/> A-22	<input type="checkbox"/> A-23	<input type="checkbox"/> Any Annual Meeting
Interim Meeting reference committees				
<input type="checkbox"/> Constitution & Bylaws		<input type="checkbox"/> B (legislation)		
<input type="checkbox"/> C (medical education <i>if needed</i>)	<input type="checkbox"/> J (medical service / medical practice)			
<input type="checkbox"/> K (public health, science and technology, <i>and possibly medical education</i>)				
<input type="checkbox"/> Any reference committee	<input type="checkbox"/> Rules & Credentials		<input type="checkbox"/> Resolutions Committee	
Volunteering at	<input type="checkbox"/> I-21	<input type="checkbox"/> I-22	<input type="checkbox"/> I-23	<input type="checkbox"/> Any Interim Meeting

Delegate or Alternate Delegate: (PLEASE SELECT ONE)	
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate Delegate
Name of society or section	

Please list previous reference committee service, including service on state, local and/or specialty committees, and at which, if any, you chaired the committee.

(continues below)

Statement of interest (optional, not to exceed 150 words)

Please email completed form to hod@ama-assn.org. If you have questions or require additional information please contact Carla Frenzel, Assistant Director, Office of House of Delegates Affairs at carla.frenzel@ama-assn.org or 312.464.4492.