CVMA VOLUNTEER FORM

Thank you for your interest in volunteering with the CVMA. Member volunteers play a vital role in helping us achieve our objectives and in the delivery of our programs. It can also be a rewarding opportunity for you to give back to your profession and to use this volunteer experience to further enhance your leadership skills and professional reputation.

To help us effectively match your professional interests and expertise to volunteer opportunities, please complete and save this form electronically and return it as an email attachment to the CVMA at aschlesiger@cvma-acvm.org, or by mail at 339 Booth St., Ottawa, ON, K1R 7K1.

Information on CVMA’s organizational structure and its various boards, standing committees, working groups and representations is also available in the Association’s Web site.

CONTACT INFORMATION

Name: ______________________________________________________________________________________
Address: ___________________________________________________________________________________
City/Prov: __________________________________________ Postal Code: _____________________________
Telephone: (H) __________________________________ (W) ____________________________
E-Mail: __________________________________________ Language proficiency: □ English □ French □ Other

EXPERIENCE AND SKILLS

Help us to get to know you better. Please provide a brief overview of your experience, expertise, special skills and interests. Use a separate sheet if necessary.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

CAREER INFORMATION

(E.g. current/past employment, practice type, position type, species contacts, etc.)

_____________________________________________________________________________________________
_____________________________________________________________________________________________

PROFESSIONAL INTERESTS/EXPERTISE/ACTIVITIES

(please list)

_____________________________________________________________________________________________
_____________________________________________________________________________________________

GENERAL INFORMATION / ADDITIONAL COMMENTS / INFORMATION

Do you wish to let your name stand for nomination to serve:
□ On a specific board/committee/task force?
□ On any board/committee/task force where your experience, expertise and skills may be required and based on volunteer opportunities? (in prior consultation with you)

Signature: __________________________ Date: __________________________

*The names of members who wish to serve as volunteers but who cannot be accommodated will be kept in the CVMA’s volunteer registry for future reference. Appointments and re-appointments to committees, board, working groups and task forces are made annually by Council, usually in the fall.