

California Association of Orthodontists

DOCTOR VOLUNTEER

Date:		# of Years in Practice:	
Name:			
Office Address:			
City, State, Zip, Country			
Phone:		Fax:	
Email:			
Educational Background (Degree/School)			
Special Training Received:			

Narrative Description of Professional Experience: *(continue on back if needed)*

Volunteer Experience for Dental Organization or Non-Profit: *(continue on back if needed)*

Travel Info: *Check all that apply*

	I am willing to travel to meetings or trainings (typically occurring Fridays; travel reimbursement and a per diem will be provided)
	I am willing to do an occasional overnight associated with meetings/trainings (reimbursement for accommodations will be provided)
	I am able to respond promptly via e-mail to any questions or issues that arise.

Interests or Experience Survey: *Check if you are interested in volunteering for the following committee or liaison positions. Also, if you have personal or professional experience with any of these, please write down the number of years of experience you have with each.*

	Advocacy		Budget & Finance		CA Child Services Liaison
	Communications		Continuing Education		Delta Dental Liaison
	Information Technology		Strategic Planning		Interdisciplinary Affairs Committee Liaison
	PCSO Liaison		Newsletter Contributor or Editor		Legislative
	Peer Review		Staff Shortage		Website Contributor
	Website Editor		Other Experience		

Signature: _____ Date: _____