CHICA-Eastern Ontario
CHAPTER WILLINGNESS TO SERVE FORM (Sept 2008)
Please print clearly

General Information

Name_____________________________________     Designation(s) ____________________________

Mailing Address: ________________________________________________________________

______________________________________________________________

Telephone (Work) (_____)(______) (home/optional) (_____)(______)________________________

Fax (_____)(______) E-mail: ____________________________________________________________

Place of Employment______________________________________________________________

Position__________________________________________________________________________

Related Experience

Number of Years in Infection Control:

☐ <1
☐ 1 - 5
☐ 6 - 10
☐ 10+

Number of years as a member of CHICA-Canada: Number of Years CHICA-EO Member:

☐ 1
☐ 1 - 5
☐ 6 - 10
☐ 10+

Previous CHICA-Eastern Ontario Chapter Activities:

☐ President (specify year) ____________
☐ Secretary (specify year) ____________
☐ Treasurer (specify year) ____________
☐ Membership (specify year) __________
☐ Committee Chair/Special Activities (please specify) ________________________________

__________________________________________________________________________
CHICA-Canada Activities:

☐ Committee/Interest group representative (please specify)____________________________________
☐ Committee/Interest Group Chair (please specify)__________________________________________
☐ Committee Activities (please specify):____________________________________________________
☐ Board Activities (please specify)________________________________________________________
☐ Other (please specify)_________________________________________________________________

I would be willing to have my name considered for the following:

CHAPTER POSITION(S):

☐ President (3 year term: President-Elect, President, Past President)
☐ Secretary (2 year term)
☐ Treasurer/Membership (2 year term)
☐ Conference Planning Committee Chair
☐ Conference subcommittee - please specify_______________________________________________
☐ Other (e.g. Archivist, Admin. Assistant. Webmaster, Award submission volunteer etc)
     Please specify:________________________________________________________________________

CHAPTER REPRESENTATIVE TO:

CHICA - Canada Interest Group:
Please Specify__________________________________________________________________________

CHICA - Canada Committee:
Please Specify__________________________________________________________________________

Signature: ___________________________ Date_______________________

CHICA-EO thanks you for the interest you have shown to serve your Chapter.

Please Forward This Completed Form to Any Member of the Chapter Executive or to
CHICA-Eastern Ontario
PO Box 20053
Belleville, Ontario K8N 5V1