



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:

- 1
- 1 - 5
- 6 - 10
- 10+

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