



# VOLUNTEER INFORMATION FORM

*Take the opportunity to make ASHI a success.*

Please let us know if you would like to become a member of an ASHI Committee. Place a mark next to each committee in which you are interested and indicate your preference (i.e. 1<sup>st</sup>, 2<sup>nd</sup>, etc):

COMMITTEE	PREFERENCE
<input type="checkbox"/> Bylaws Committee	
<input type="checkbox"/> Directors' Affairs Committee	
<input type="checkbox"/> Education Committee	
<input type="checkbox"/> International Affairs Committee	
<input type="checkbox"/> Membership Committee	
<input type="checkbox"/> Proficiency Testing Committee	
<input type="checkbox"/> Publications Committee	
<input type="checkbox"/> Quality Assurance & Standards Committee	
<input type="checkbox"/> Scientific & Clinical Affairs Committee	
<input type="checkbox"/> Technologists' Affairs Committee	
<input type="checkbox"/> Web Committee	

For each committee you select, please list any special skills, experience or interests you may possess that would enhance your contribution to that committee: \_\_\_\_\_

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Previous Committee experience (ASHI, ABHI, other): \_\_\_\_\_

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Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_