

AD HOC COMMITTEE APPLICATION FORM

APPLICANT INFORMATION		
First Name:	Last Name:	Date:
<input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Communication Health Assistant		
SAC Clinically Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		SAC Member/Associate Since:
Which language(s) are you proficient in? <input type="checkbox"/> English <input type="checkbox"/> French		
Preferred Address:		
Preferred Phone	Preferred Email:	
AD HOC COMMITTEE		
Name:		
Are you willing to chair this ad hoc committee? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No		
REASONS FOR VOLUNTEERING		
Please advise why you are interested in volunteering for the opportunity you have identified:		
WORK EXPERIENCE		
Please list your work experience that will assist you in serving on this committee:		

VOLUNTEER EXPERIENCE

Past SAC and/or provincial, territorial, regulatory volunteer experience and other volunteer activities:

I consent to receiving emails regarding this application. Save your completed form as a new document and email it to volunteer@sac-oac.ca. If you do not receive notification that your application has been received within two business days, please call 1.800.259.8519, ext. 261 to confirm receipt.