

**VOLUNTEER EXPRESSION OF INTEREST**  
**The SAC Audiology Event Advisory Group**

APPLICANT INFORMATION			
First Name:		Last Name:	
Date:			
City:	Province:	Phone Number:	
Email:		SAC Member Number:	
Work Setting: <input type="checkbox"/> Education <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Government <input type="checkbox"/> Private Practice <input type="checkbox"/> University <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Audiology or Speech & Hearing Assistant	<input type="checkbox"/> Audiology Student	<input type="checkbox"/> Retired Audiologist
I represent:			
<input type="checkbox"/> Clinicians <input type="checkbox"/> New Professionals (3-5 years working experience) <input type="checkbox"/> Academic Community <input type="checkbox"/> Students			
I AM INTERESTED IN:			
<input type="checkbox"/> Advisory Group Chair		<input type="checkbox"/> Advisory Group Member	
PROVINCIAL/TERRITORIAL/NATIONAL MEMBERSHIPS in Regulatory Colleges & Professional Associations			
EXPERIENCE (as it relates to advisory group)			
BRIEF BIO			
PLEASE INDICATE YOUR AREAS OF PRACTICE:			
Age Group(s): <input type="checkbox"/> Pre-School (0-4) <input type="checkbox"/> School Aged (5-17) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Senior (64+)			
Area(s) of Practice:		Area(s) of Interest:	

I consent to receiving emails regarding this volunteer application. Please submit completed application to [volunteer@sac-oac.ca](mailto:volunteer@sac-oac.ca) by **February 22, 2018**.