

STANDING 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:	

STANDING COMMITTEES

Nominations Committee

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.

Save your completed form as a new document and email it and your CV (2 pages maximum) to volunteer@sac-oac.ca. If you have not received an email confirming receipt of your application within three business days of applying, please contact amy@sac-oac.ca.