# ACCEPTANCE TO PROVIDE VOLUNTEER SERVICE

<table>
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<th>Name:</th>
<th>CAMRT Registration Number:</th>
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## Volunteer Information

Have you served on a CAMRT or Provincial Association committee or Board in the past?  Yes □ No □

If you responded “Yes”, which committee(s) or Board positions and for how long?

1. 
2. 
3. 

When did you serve on the committee(s) or on a Board as listed above?

1. Current □ Past 1-3 years □ Past 4-5 years □ Over 5 years ago □
2. Current □ Past 1-3 years □ Past 4-5 years □ Over 5 years ago □
3. Current □ Past 1-3 years □ Past 4-5 years □ Over 5 years ago □

Contact name, email address and phone number to verify above (add additional pages if more space is required):

If you have never volunteered before or if it has been over 5 years, indicate the committee or capacity you wish to volunteer your time and talents in your professional association.

List your (Provincial and/or CAMRT) first and second choices:

Provincial #1: ____________________________ Provincial #2: ____________________________

CAMRT #1: ____________________________ CAMRT #2: ____________________________

I, the undersigned, do hereby agree to volunteer a minimum of two (2) years to assist the committee of my choice if I am awarded a CAMRT Foundation Grant.

Signature ____________________________ Date of Acceptance ____________________

Sept 2012