

Volunteer Form

Please fill out the form below and return to Andrew Weniger (andrew@nchica.org) or FAX to 919-558-2198.

Name: _____

Title/Role: _____

Organization: _____

Email: _____

Phone: _____

Mailing address: _____

I wish to participate in the following Committee(s):

<input type="checkbox"/>	<i>Policy Development Committee</i>
<input type="checkbox"/>	<i>Technical & Operations Committee</i>
<input type="checkbox"/>	<i>Finance & Administration Committee</i>
<input type="checkbox"/>	<i>Stakeholder Relations Committee</i>
<input type="checkbox"/>	<i>Quality of Care & Value Committee</i>

Commitment is expected to be approx. 4-6 hrs / month per Committee assignment.

I have the full approval and support of my manager / organization to participate.

Signed: _____