



**AMERICAN VEIN &
LYMPHATIC SOCIETY**

AVLS COMMITTEES

VOLUNTEER APPLICATION

Volunteer Information *(Please type or print clearly.)*

First and Last Name: _____

Contact Email: _____ Phone: _____

Committees

Thank you for applying to serve on an AVLS Committee. We look forward to your future participation. To better help us place you, please select the area of service you are interested in.

☐ Health Care Policy ☐ Research ☐ Education ☐ Communications ☐ Member Engagement

Background

Please submit the following as an MS Word or PDF document to AVLS Headquarters - email: membership@myavls.org or fax: 510-346-6808

1. This Volunteer Application completed and signed
2. Current Curriculum Vitae
3. Signed and completed Disclosure Form

Agreement

_____ (name) understand and agree that volunteering require the following

- I will regularly check my email for committee notifications and activities.
- I will do my best to attend 75% of the committee's pre-scheduled conference calls.
- I will participate in 80% of all votes, reviews, discussions that the committee is involved in.
- I understand that if I am unable to complete or participate in tasks outlined by our chair, and I feel the need to terminate my volunteer activity, I will inform the chair and ACP staff via written format.
- I will disclose any commercial interests as they are added throughout the year.
- I understand that If my attendance and participation falls below the expected rates stated above, (without proper notification and/or communication) the chair of the committee may suspend my activity.

Signed: _____

Date: _____

American Vein & Lymphatic Society

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