



**AMTA-LA COMMITTEE CHAIR POSITIONS & COMMITTEE VOLUNTEERS
CANDIDATE APPLICATION**

POSITIONS APPOINTED BY CHAPTER PRESIDENT FOR A ONE YEAR TERM

Email completed application, along with bio and headshot, to president.amtala@gmail.com

THERAPIST INFORMATION (PLEASE PRINT AND COMPLETE ALL INFORMATION)

Last Name		First Name		Middle Initial
License Number (State)	Date of Licensure	AMTA Number	Years of AMTA Membership	
School Name (MT Student)	Email			
Address		City	State	ZIP
Cell Phone ()	Work or Home Phone ()	Place of Employment		

POSITION APPLYING FOR (PLEASE CHECK ONLY ONE)

<input type="checkbox"/> Awards Chair	<input type="checkbox"/> Education Chair/Convention Coordinator	<input type="checkbox"/> Newsletter Editor Chair
<input type="checkbox"/> Committee Volunteer	<input type="checkbox"/> Event Photographer	<input type="checkbox"/> Online Elections Coordinator
<input type="checkbox"/> Community Outreach Chair	<input type="checkbox"/> Government Relations Chair	<input type="checkbox"/> Social Media Chair
<input type="checkbox"/> Convention Committee Chair	<input type="checkbox"/> Membership Chair	<input type="checkbox"/> Website Chair
<input type="checkbox"/> Convention Registration Chair		

EXPERIENCE (ATTACH ANOTHER SHEET IF NECESSARY; REFERENCE THE QUESTION*)

#1. AMTA Experience: In the space to the right, list AMTA chapter or national offices held and /or committee work, including dates. If none, write "N/A."	
#2. Community and/or Professional Experience: Provide resume and volunteer information.	
#3. What are your strengths and qualifications for this position? Include experience working with computers, websites, events, administration, etc.	
#4. What do you see yourself contributing to this position?	

TIME COMMITMENT INQUIRY

YOUR RESPONSE (YES OR NO)

Number of hours you realistically see yourself donating to AMTA-LA per week?	
Do you only want to participate if you can do so from home?	
Do you enjoy making phone calls?	
Do you enjoy organizing paperwork?	
Do you want to volunteer at the AMTA-LA annual convention?	
Do you like to organize events?	

Your signature below indicates that if you are appointed for this position, you are able and agree to serve the one year term of the position and that the information provided is accurate and that permission is granted for the verification of that information.

Signature _____

Date _____

* Remember to include your name and Louisiana License Number on any attached page(s).

Reminder: A headshot and your bio is to be provided when submitting this form.