



OTAC VOLUNTEER INTEREST FORM

You may indicate more than one area and level of interest.

Volunteers must be OTAC members.

Return form to: OTAC, PO Box 276567, Sacramento, CA 95827;
or 916/567-7001, or info@otaonline.org.

Name: _____	<input type="checkbox"/> OT/OTA	<input type="checkbox"/> OTS	<input type="checkbox"/> Other Category
Primary Contact Information: Mobile Phone () _____ Work Phone () _____			
E-Mail: _____			

AREAS OF PRACTICE/EXPERTISE

AREAS OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Advocacy & Government Affairs | <input type="checkbox"/> Membership Benefits & Development |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Bylaws and Policies & Procedures | <input type="checkbox"/> Professional Development & Leadership |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Annual Conference (fall) <input type="checkbox"/> Spring Symposium |
| <input type="checkbox"/> Newsletter <input type="checkbox"/> Public Relations <input type="checkbox"/> Social Media | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Practice, Reimbursement & Ethics | <input type="checkbox"/> Region Activities/Events |
| <input type="checkbox"/> Private Practice Network | <input type="checkbox"/> Student Leadership |
| <input type="checkbox"/> Ask a Practitioner <input type="checkbox"/> Practice Forums | <input type="checkbox"/> OTAC Political Action Committee (OTAC-PAC) Events |
| | <input type="checkbox"/> Other: _____ |

LEVEL OF INTEREST

- | | |
|--|---|
| <input type="checkbox"/> Serve as committee chair or member (i.e., attend meetings, provide reports, etc.) | <input type="checkbox"/> Provide input, feedback and ideas via e-mail when needed |
| <input type="checkbox"/> Serve as subcommittee or task force chair or member (i.e., attend meetings, provide reports; time-limited projects) | <input type="checkbox"/> Write FAQs or articles for newsletter and/or website |
| <input type="checkbox"/> Serve as a resource person (i.e., field and answer questions from practitioners/consumers in area of practice or expertise) | <input type="checkbox"/> Host/moderate an #OTAChour chat |
| <input type="checkbox"/> Participate in evidence-based review activities | <input type="checkbox"/> Serve as a mentor for leadership in the profession |
| <input type="checkbox"/> Represent OTAC/OT at CBOT meetings or meetings for other professional organizations, associations, etc. | <input type="checkbox"/> Serve as mentor in area of practice |
| <input type="checkbox"/> Represent OTAC/OT interests at legislative meetings and hearings | <input type="checkbox"/> Assist with region events |
| | <input type="checkbox"/> Identify/evaluate new member benefits |
| | <input type="checkbox"/> Be a member ambassador |
| | <input type="checkbox"/> Assist with activities at Annual Conference (fall) |
| | <input type="checkbox"/> Assist with activities at Spring Symposium |
| | <input type="checkbox"/> Other _____ |

AVAILABILITY

I am able to travel to attend meetings/activities:

- Yes (flexible) Maybe No (not likely) Only in my region Only if reimbursed

I am able to participate on teleconferences:

- Yes Between 8am to 5pm Between noon to 1pm After 6pm On weekends No