2017 ACLP Volunteer Interest Form



Please indicate the following:	\sim \sim \sim
 ☐ I have NOT served on an ACLP committee ☐ I submitted a Volunteer Interest Form in 2 for a committee. 	<u> </u>
Name & Credentials	Gender
Title	Time Zone
Organization	Program Size
City, State	Preferred email address
1. How many years of paid child life experien	ce do you have?
2. What is your primary child life role?	
☐ Clinical ☐ Academic	
3. If your primary child life role is clinical, wha	at is your primary setting?
☐ Hospital ☐ Community-Based	
If your primary child life role is clinical, what in the control (i.e., emergency, general peds, hem/onc, etc.)	is your clinical specialty?

Name	

Committee and Subcommittee Requirements & Expectations:

- Volunteers must be current members of ACLP.
- Volunteers are asked to serve a two-year term and are eligible to be re-appointed to one additional term.
- Time commitments vary widely depending on the committee, but volunteers can expect to correspond with other committee members regularly via email and in at least 1 to 2 one-hour conference calls per quarter, as well as participate in the ongoing work of the committee as requested by the committee chair(s).
- Because all committees have the opportunity to meet in-person each year at the ACLP Annual Conference, attending the conference is encouraged (but is not required).
- Volunteers are encouraged to participate in only one committee at a time to allow more members an opportunity to be actively involved in the organization.
- Please visit the ACLP website for complete committee descriptions.

Some committees only have a few openings for new volunteers each year. Depending on the number of applications submitted, not all individuals will receive a volunteer position each year.

All volunteer interest forms are due to the ACLP office by Friday, March 3, 2017. Please fill out this form electronically, save it as a PDF, and return via email to membership@childlife.org.

Please specify your top three preferences by placing a 1, 2, or 3 by your 1st, 2nd, and 3rd choices.

Leadership Development Committee (includes
subcommittees: Leadership Academy, Mentor Program, Volunteer Recognition & Engagement)
Professional Development & Education
Committee (includes subcommittees: Advanced Professional Development, Professional Resources, & Technology Integration)
Professional Development & Education
Committee: Webinar Advisory Group
Public Policy Committee
Scientific Advancement of Professional
Practice Committee (EBP/QI Awareness & Networking Subcommittee)
Scientific Advancement of Professional
Practice Committee (Proposal Subcommittee)
Students & Emerging Professionals
Committee: Education & Training
Web & Online Networking Advisory Committee

EXPERIENCE:
Please list any previous ACLP volunteer experience; including committee involvement, conference presentations, publications, etc. (limit 75 words/500 characters)
Please list any committee or volunteer experience in your workplace, community, or regional child life group. (limit 150 words/1,000 characters)

Name _____

Please describe your professional experience and skills that are relevant to the committee/subcommittee(s) you have selected. (limit 200 words/1,500 characters)						
Please tell us	what appeal	s to you abou	t the commit	tee/subcomm	nittee(s) you ha	ve selected as
		mit 200 word				