



CAT Volunteer Membership Application

****AFTER COMPLETING THIS FORM PLEASE VISIT www.chiroaction.org/membership to pay our annual membership fee through paypal with a major creditcard.**

Doctor of Chiropractic - contact information:

Name	
Street Address	
City, STATE ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability:

Generally during which hours of the week are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests:

Please tell us in which areas you would be interested in volunteering?

<input type="checkbox"/> Administration of CAT	<input type="checkbox"/> Public Speaking Events	<input type="checkbox"/> Red Cross Events
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Research - Publications	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Phone tree	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Fundraising projects
<input type="checkbox"/> Field work w/ Red Cross	<input type="checkbox"/> Fundraising projects	<input type="checkbox"/> Website Updates: www.chiroaction.org

Special Skills or Qualifications:

Please briefly summarize your special skills, adjusting technique methods, and qualifications that you have acquired from employment, previous Chiropractic seminars, volunteer work, or through other activities, including hobbies or sports. Please also indicate languages spoken, if you have ever been CPR certified or willing to donate blood to the Red Cross.



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Chiropractic credentials and Malpractice Insurance provider information:

Please indicate your Chiropractic education and graduation date: _____

Please indicate your current chiropractic malpractice insurance provider and effective dates of coverage: _____

Please indicate if you are an active member of any chiropractic national organization: _____

Person to Notify in Case of Emergency:

Name	
Street Address	
City, STATE ZIP Code	
Home Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

For Italian Members ONLY:

La presente richiesta costituisce domanda di affiliazione a CAT (Chiropractic Action Team), contestualmente alla sottoscrizione della quale dichiaro di avere preso visione e di accettare integralmente i termini dello statuto di CAT e di produrre all'attenzione del Consiglio Direttivo tutta la documentazione richiesta ai sensi dell'art. III c. 3 dello statuto. Dichiaro inoltre di accettare che, in caso di accoglimento della mia richiesta di associazione, ogni falsa dichiarazione o omessa comunicazione concernente eventi rilevanti a norma di legge o dello statuto potrà comportare la mia automatica espulsione dall'associazione.

Name (printed)	
Signature	_____ x _____
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us! Please fill this form out manually, sign it then either scan it and send it back to us at chiroactionstaff@gmail.com or FAX to +1 619 215 9032. THANK YOU!!