APIC WILLINGNESS TO SERVE FORM

The Officers, Board of Directors and Committees carry out the Mission and Vision of APIC, which is supported through the voluntary efforts of our membership. The broader the base of involvement of members, the more representative the organization can be. The purpose of this form is to provide APIC members with an opportunity to volunteer their talents and experience to serve the organization by participating in any of the groups. If selected, participation at all scheduled meetings is required.

APIC VISION AND MISSION

Vision: Healthcare without infection in our community
Mission: To create a safer community through the prevention of infection by educating, supporting, and promoting chapter stakeholders.

APPLICANT INFORMATION

Name: _____ (*Include credentials)* Title: _____

Are you certified in infection prevention and control (CIC)? _____ If yes, most recent year of certification: _____

Employer: _____

Preferred Address: _____

Preferred Phone: _____E-mail: _____

Are you currently an active APIC/APIC Sierra Member? Yes____ No ____

Number of Years APIC Member: _____ Member ID: _____

APIC Sierra Chapter Board of Directors and Committees

Please indicate the position you are interested and willing to serve in.

- ☐ ***President-elect (1 year term)***
- ☐ ***Treasurer (2 year term)***
- ☐ ***Secretary (2 year term)***
- ☐ ***Membership Secretary (2 year term)***
- ☐ ***Board Member (3 year term)***
- ☐ ***Nominating Committee (3 year term)***

If selected, I agree to work and serve in efforts to uphold and support the mission and vision of APIC. I will honor all responsibilities and attend all scheduled meetings.

Signature: _____Date: _____