



College of Optometrists of Ontario Volunteer Application Form

(PLEASE PRINT)

Name: _____ Registration #: _____

Address: _____

Telephone: (____) _____ E-mail: _____

Are you now serving, or have you ever served, on any other optometric organizations? YES NO
[If YES, please list organization(s) along with the year(s) and capacity(ies) in which you serve(d)]

1. _____
2. _____
3. _____

Are you now serving, or have you ever served, on any non-optometric organizations? YES NO
[If YES, please list organization(s) along with the year(s) and capacity(ies) in which you serve(d)]

1. _____
2. _____
3. _____

Why are you interested in serving as a College committee member?

Information regarding the role and mandate of the various College committees is available on the College website at www.collegeoptom.on.ca.

I am interested in serving on the following committee(s)

(If selecting more than one committee, please rank your selections in order of priority):

Clinical Practice	_____	Optometry Review	_____
Complaints	_____	Patient Relations	_____
Discipline	_____	Quality Assurance (Q.A.)	_____
Ethics	_____	QA Assessor	_____
Fitness to Practise	_____	QA Coach	_____
Optometry Review	_____	Registration	_____

Please attach a resume outlining your work history, education, publications, lectures, achievements/accolades and your involvement in any past/current committees.

Signature : _____ Date: _____

Please return this form no later than February 28, 2010 to:
College of Optometrists of Ontario
6 Crescent Rd., 2nd Floor, Toronto, ON, M4W 1T1
Fax: 416.962.4073