



BOARD APPLICATION FORM

Name: _____

Phone: _____ Email: _____

Address: _____

Practice/Employer: _____

Relevant Experience and/or Employment (attach a resume or CV):

Why are you interested in VetSOAP?

Area(s) of expertise/contribution you feel you can make:

Other volunteer commitments:

Board and committee meetings and other outreach efforts may take up approximately 6-8 hours per month. Are you willing to commit that amount of time? Yes No

Signature: _____ Date: _____

Please complete and email the application form to VetSOAP Executive Director, Judith Gass, at jgass@vetsoap.org.

FOR BOARD USE

Reviewed by the board of directors _____ Date _____

➔ Action taken: _____