



College of Optometrists of Ontario Volunteer Application Form

Want to learn new skills that enhance your practice? Want to connect with other practitioners and help shape your profession? Members of the College who are not on Council may apply for positions on College committees. To apply, complete this form and submit it to the College office by **November 8, 2019**. Don't miss this rewarding opportunity to contribute to the regulation of the profession.

(PLEASE PRINT)

Name: _____ Registration #: _____

Address: _____

Telephone: (____) _____ Email: _____

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. _____

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. _____

How proficient are you at using computers and typical office technology? List some of the programs and applications that you use regularly.

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

COMMITTEE MEMBER ELIGIBILITY

If you answer "Yes" to any of the following questions, please provide further details

Have you declared personal bankruptcy in the past seven years? YES NO

Do you have any negative outcomes from another professional body over the past 10 years? YES NO

If YES, please provide further details about the outcome and professional body.

Are you associated with any social media account (either your own or a group) that is inconsistent with College values/mandate or could reflect poorly on the College or regulatory sector? YES NO

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.)

| | | | |
|-----------------------------------|-------|-------------------------|-------|
| Inquiries, Complaints and Reports | _____ | Fitness to Practise | _____ |
| Discipline | _____ | Quality Assurance (QA) | _____ |
| Patient Relations | _____ | Quality Assurance Panel | _____ |
| Registration | _____ | Clinical Practice Panel | _____ |

Attach a summary of 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 **November 8, 2019 to:**
College of Optometrists of Ontario
Suite 900, 65 St. Clair Ave. E., Toronto ON M4T 2Y3
Fax: 416.962.4073 Email: JRafton@collegeoptom.on.ca