

New Jersey Veterinary Medical Association

VOLUNTEER INTEREST FORM

Thank you for your interest in volunteer opportunities with the NJVMA! Volunteer opportunities arise at different times during the year. Please complete our **Volunteer Interest Form** to help us identify opportunities that best match your interest and skills.

PERSONAL DATA

Name, Title: _____

Practice Name: _____

Address: _____

Phone (Preferred Contact Number): _____

E-mail: _____

Veterinary School: _____

CURRENT PRACTICE INFORMATION

Position in Practice: _____

Type of Practice: _____

INTEREST AND SKILLS

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Education | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Regulatory Advice |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Leadership | <input type="checkbox"/> Pet Care Articles | <input type="checkbox"/> Social Events |

Please send your completed Volunteer Interest Form to info@njvma.org.

New Jersey Veterinary Medical Association

390 Amwell Road, Suite 402, Hillsborough, NJ 08844

T: (908) 281-0918 F: (908) 450-1286

info@njvma.org www.njvma.org