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| ASBMT Transplant Nurses SIG  Volunteer Application Form  Submission of this application does not guarantee selection.  If you are selected to serve, you will be notified.  Fill out application completely.  Please indicate if “not applicable” in appropriate blanks. | | | |
| Background Information | | | |
| Project/Committee/etc. Volunteering for: | | | |
| Are you a member of the ASBMT Transplant Nurses SIG? (circle) Yes No | | | |
| Name and credentials: | | | |
| Preferred address:  City      , State       Zip | | | |
| Preferred: Daytime phone:       Fax:       E-mail: | | | |
| Employer:       Your position (title):  Describe your position: | | | |
| **Educational preparation** (**DO NOT** ATTACH CURRICULUM VITAE)**:** | | | |
| Institution and location | Degree | Year(s) | Field Of Study |
| Highest Degree in Nursing |  |  |  |
| Highest Other Degree |  |  |  |
| **Work Experience:** | | | |
| Years BMT Experience:      Years Oncology Experience:  Primary Functional Area: (circle) Patient Care Administration Education Research Other  Primary Patient Setting: (circle) Adults Adult & Pediatric Pediatric  Primary Work Setting: (e.g. inpatient transplant unit, outpatient clinic, etc.) | | | |
| **Professional Expertise Profile:** Please describe your qualifications to work on project/committee/etc. such as recent presentations and publications, pertinent work experience, training, or education. | | | |
| Describe your past involvement with ASBMT or the ASBMT Transplant Nurses SIG:  Describe your work experience, training or education related to project/committee/etc. applying for:  List your experience (in the last 5 years) presenting:  List your experience in publishing:  List your research experience:  Other Information related to Project/Committee/etc. Volunteering for: | | | |
| **I agree that the information above is accurate and complete.**  **Signature:**  11-1-10 | | | |