

Technical Review and Support Committees Application

| Contact Information | | |
|---|---|---|
| Name | Click here to enter name. | |
| Date | Click here to enter a date. | |
| CMAHC Member? | Note: CMAHC Membership is required to participate on a committee. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Organization | Click here to enter organization. | |
| Home Phone | Click here to enter home phone. | |
| Work Phone | Click here to enter work phone. | |
| Email Address | Click here to enter email address. | |
| Industry | | |
| Please indicate which sector your CMAHC membership is associated with: | | |
| <input type="checkbox"/> Academia | <input type="checkbox"/> Aquatic Operators | <input type="checkbox"/> Public Health: Federal |
| <input type="checkbox"/> Aquatic Builder | <input type="checkbox"/> Aquatic Staff | <input type="checkbox"/> Public Health: Local |
| <input type="checkbox"/> Aquatic Designer | <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Public Health: State |
| <input type="checkbox"/> Aquatic Management | <input type="checkbox"/> Consumer | <input type="checkbox"/> Public Health: State Designee |
| <input type="checkbox"/> Aquatic Manufacturer | | |
| Committee Preference | | |
| Please indicate on which committee(s) (e.g., TRC or other technical support) you are interested in serving: | | |
| <input type="checkbox"/> Technical Review Committee | <input type="checkbox"/> Injury Prevention, Risk Management, & Safety | <input type="checkbox"/> Recirculation & Filtration Systems |
| <input type="checkbox"/> Design & Construction | <input type="checkbox"/> Lifeguarding & Bather Supervision | <input type="checkbox"/> Ventilation & Air Quality |
| <input type="checkbox"/> Disinfection & Water Quality | <input type="checkbox"/> Operation & Maintenance | |
| Experiences, Skills, & Qualifications | | |
| Subject matter expertise in the topics within the respective technical committee you are applying for is necessary. Please provide details and summarize your skills, experience, and qualifications that make you a good candidate for a CMAHC committee: | | |
| Click here to enter experiences, skills, & qualifications. | | |
| Availability | | |
| Will you have time to participate in conference calls and email exchanges as a member of a CMAHC committee to review new Change Requests? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Comments Regarding Availability (e.g., hours available per week, times of week available particularly between January and Summer 2020): | | |
| Click here to enter availability. | | |

Signature

By checking this box and typing my name below, I am electronically signing this application.

| | |
|-----------|---|
| Signature | Click here to enter electronic signature. |
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CMAHC Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.

Please submit a completed application to CMAHC@cmahc.org by **September 6, 2019.**