



Do you have talents and skills that you would like to contribute to the Association via the Chapter? Are you interested in getting involved in any particular area of AMTA-NJ Chapter activities? If so, we would like to know more about you, as well as, your pre massage work experience.

**To take a more active role in your Chapter, please take a few minutes to fill out ALL the information section below and send it in with your resume.** Thank you in advance for taking the time, and the first step.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (hm): \_\_\_\_\_ Phone (wk): \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check the areas in which you are interested and qualified.**

**Chapter Board Member (Elected Positions by Membership):**

- 1st Vice President     2nd Vice President     3rd Vice President  
 Secretary     Treasurer

**Chapter Committees (Appointed Positions by Board)**

- Awareness Week Committee     Membership Committee     Government Relations Committee  
 Sunshine/Hospitality Committee     Holiday Party Committee     Event Planning Committee  
 Newsletter Committee     Photographer     Sports Massage Team  
 Awards Committee     Web Site     Other \_\_\_\_\_

What experience do you have in the areas you indicated?

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If you have served as a Chapter officer or on a committee, please indicate when and in what position(s):

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**General Volunteer Opportunities**    I am interested in performing general volunteer duties such as:

- Answering Phones     Calling Members     Bookkeeping     Photocopying     Typing  
 Filing     Chapter Mailings     Other \_\_\_\_\_

**Technical Skills**    I have the following technical skills:

- Bookkeeping     Computer Knowledge    What programs are you familiar with? \_\_\_\_\_  
 Editing     Typing     Web Site Design

**Availability**    I am available to volunteer:

- Mon     Tues     Wed     Thurs     Fri     Sat     Sun

I prefer to volunteer in the:     Morning     Afternoon     Evening

I can travel for volunteer activities:     Yes     No

I prefer to perform volunteer activities from my home/office:     Yes     No

**Please attach a resume or personal statement that explains the information provided above.**

**Return the form to:**    AMTA NJ Chapter  
 Attention: *Chapter Volunteer Search*  
 P.O. Box 4559  
 Toms River, NJ 08754