



# Volunteer Opportunities

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

PT/PTA Educational Program (students only): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Telephone Numbers:**

Home/(\_\_\_\_) \_\_\_\_\_ Work/(\_\_\_\_) \_\_\_\_\_ Mobile/(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email is critical for communication!!!

***Which of the following opportunities would you consider? Check all that apply.***

**JOIN / Special Interest Groups (SIG):**

- Geriatrics
- Home Health
- Pediatrics
- Women's Health

**Special Interest Group Positions:**

- Chair
- Vice Chair
- Secretary
- Indicate SIG: \_\_\_\_\_

I am interested in starting a new SIG for:  Health & Wellness and/or  Practice Management

**APTAnj DISTRICT Positions:**  Director at Large  Vice Chair  Secretary

**APTAnj Committees/Advisory Groups:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Annual Conference                   | <input type="checkbox"/> Finance                                 | <input type="checkbox"/> Programming                 |
| <input type="checkbox"/> Awards                              | <input type="checkbox"/> Legislative Advisory Panel              | <input type="checkbox"/> PTA Caucus Representative   |
| <input type="checkbox"/> Bylaws                              | <input type="checkbox"/> Membership                              | <input type="checkbox"/> Research                    |
| <input type="checkbox"/> Communication                       | <input type="checkbox"/> Nominating                              | <input type="checkbox"/> Special Olympics FunFitness |
| <input type="checkbox"/> Continuing Education                | <input type="checkbox"/> Payer Relations Group ("Reimbursement") | <input type="checkbox"/> Student Assembly            |
| <input type="checkbox"/> Cultural Diversity                  | <input type="checkbox"/> Political Action Committee (PT PLAN)    | <input type="checkbox"/> Mentor Program <b>NEW</b>   |
| <input type="checkbox"/> Delegate to APTA House of Delegates | <input type="checkbox"/> Practice                                |  |
| <input type="checkbox"/> Ethics                              |  |  |

*Do you have experience in a particular area or a passionate interest? Please tell us more...*

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Return this form to: American Physical Therapy Association of New Jersey  
1100 U.S. Highway 130, Suite 3  
Robbinsville, NJ 08691-1108  
FAX to: (609) 208-1000 or EMAIL to: joiler@aptanj.org

**YOU are APTAnj !**

