



# Volunteer Application

**MAKE A DIFFERENCE!** The Wound, Ostomy, and Continence Nursing Certification Board thanks you for your interest in improving the future of healthcare.

**ELIGIBILITY REQUIREMENTS:**

- Hold a current credential by the WOCNCB
- Possess skills and attributes required for leadership, project development and implementation, and are proficient in email and online communications

The WOCNCB adheres to a strict Conflict of Interest Policy. Conflicts include:

- Participating in development or implementation of any certification review materials or course sessions
- Acting as a faculty member or adjunct involved in curriculum development or implementation of a WOCN Society accredited education program
- Serving concurrently as voting member of the WOCN Society Regional or National Boards or any other national organization or certifying body that may influence decisions

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Preferred Place of contact:  HOME  WORK

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

Preferred Phone: \_\_\_\_\_ Preferred E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

**You must choose 3 committee(s) and rank them in order of preference:**

- |                                                      |                                                   |                                                  |
|------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> WOC Exam Committee          | <input type="checkbox"/> Foot Care Exam Committee | <input type="checkbox"/> Marketing Committee     |
| <input type="checkbox"/> PGP Committee               | <input type="checkbox"/> Item Review Committee    | <input type="checkbox"/> Public Policy Committee |
| <input type="checkbox"/> Advanced Practice Committee |                                                   |                                                  |

**I can meet the following expectations:**

1. WOCNCB certification in good standing
2. Submit resume/CV with this application
3. Computer access, fax access for send/receive, and ability to receive e-mail and download files
4. Ability to participate in conference calls with the possibility of limited travel
5. Complete assignments in a timely manner prior to conference calls or meetings
6. Committee appointment terms range from 2 to 4 years and may be renewed one time
7. Agree to disclose information about my relationship with the industry to determine any actual, potential or questionable conflict of interest for this committee or other service appointment. (For disclosure purposes only.)

I acknowledge that I have met all the expectations listed above.

Signature: \_\_\_\_\_

***Please submit completed application, no later than August 31, to the WOCNCB Office.***