



VOLUNTEER INTEREST FORM

BRPT Registry No.:

Last Name:

First Name:

Middle Initial:

E-Mail Address:

Home Street Address:

City:

State/Province:

Zip Code:

Country:

Home Phone:

Cell Phone:

Business Phone:

Employer:

Job Title/Occupation:

Employer (if more than one):

Job Title/Occupation:

Current Licenses and/or Certifications (other than RPSGT):

Languages Spoken:

Highest level of education achieved:

Previous BRPT involvement/year involved:

Please indicate the areas in which you are interested in volunteering:

- Application Review Committee
- Education Committee
- Examination Development Committee
- Professional Review Committee
- Public Affairs & Marketing Committee
- Publications Committee

Volunteer Committee Undecided/Other: _____

Special Skills/Qualifications/Experience:

- Exam Item Writing
- Public Speaking
- Teaching/Continuing Education/Professional Development
- Government Legislature
- Administrative Support
- Other: _____
- Photography
- Conference Planning
- Other: _____
- Other: _____

Personal Interests:

Why do you want to get involved with the BRPT?

Tell us about some of your specific strengths, skills and hobbies.

Please e-mail your completed form to volunteer@brpt.org .

THANK YOU FOR YOUR INTEREST.