

**TSICP
WILLINGNESS-TO-SERVE FORM**

NAME _____ POSITION _____

EMPLOYER _____

ADDRESS _____

WORK PHONE _____ HOME PHONE _____

FAX NUMBER _____

EMAIL ADDRESS _____

NUMBER OF YEARS IN INFECTION PREVENTION _____ AS TSICP MEMBER _____

I am willing to serve TSICP in the following capacity (if more than one, please indicate the order of preference with 1 being the highest):

- | | | |
|---|--|---|
| <input type="checkbox"/> President-Elect | <input type="checkbox"/> Membership | <input type="checkbox"/> Education/Programs |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Nominating | <input type="checkbox"/> Health Texas Articles |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> DSHS Liaison | <input type="checkbox"/> Advocacy issues |

Other interests: _____

Previous experience that would benefit TSICP:

Date ____ / ____ / ____ **Signature** _____

If you are interested in serving TSICP, please fill out the information above and fax it to 512-722-3608 or mail it to:

Jamie Kraft
P.O. Box 341357
Austin, Texas 78734