



ACGC VOLUNTEER APPLICATION

Committee Interest Area: _____

Name:

Co./Institution:

Work Address:

Phone:

E-mail:

Occupation:

Graduate Program attended:

Degree Obtained:

Year Graduated:

Year Certified:

1. Please briefly describe your previous volunteer experience.

2. What skills do you have that you feel are a good match for the desired volunteer committee.

3. What experiences have you had that may prepare you to work as a volunteer in the field of genetic counseling accreditation?

4. What do you want to gain from this volunteer experience?

5. Describe your understanding of the standards of accreditation for genetic counseling training.

6. Describe your professional activities and contributions to the field of genetics/genetic counseling if applicable.

7. Please attach a current CV or biosketch.

Please submit your completed application to info@gceducation.org.

ACCREDITATION COUNCIL FOR GENETIC COUNSELING

703-506-7667 (voice)

703-506-3266 (fax)

info@gceducation.org