**EXPRESSION OF INTEREST**

The College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) relies on volunteers to fill Committee and Council roles in order to operative effectively. If you are interested in serving on a CMRIPS committee, please complete the following form and return it to CMRIPS.

1. **Your Contact Information**

A CMRIPS representative or the Nominating Committee will contact you directly upon receipt of this form.

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. **Member Information (please attach resume if available)**
   1. Year Graduated Click or tap here to enter text.
   2. DisciplineClick or tap here to enter text.
   3. Current EmployerClick or tap here to enter text.
   4. Current Service Location (Urban, Rural or Remote)Click or tap here to enter text.
   5. Experience Serving on Boards or CommitteesClick or tap here to enter text.
   6. Other relevant experience (e.g. Administrator, Instructor, Volunteer)Click or tap here to enter text.
   7. Please describe the skills and competencies you would bring to CMRIPS to support its mandateClick or tap here to enter text.
   8. Indicate which committee(s) you are interested in joiningClick or tap here to enter text.
   9. Please sign and date the form to fully validate your application.

A representative of the CMRIPS will contact you if additional information is required.

Kindly return this form to CMRIPS by email to [debbieschatz@cmrips.org](mailto:debbieschatz@cmrips.org).

Click or tap here to enter text. Click or tap here to enter text.

**Signature** **Date**