



**ASSISTANCE DOGS INTERNATIONAL
COMMITTEE
SELF NOMINATION APPLICATION FORM**

Name:

Title:

Organization:

Phone:

Cell Phone:

Email:

Committee choice:

Please describe why you wish to be a member of your Committee choice:

Please list assistance dog industry work experience:

Organization	Dates	Job title

Please describe other relevant experience:

Please provide two professional references ADI may contact:

Name	Phone	email

If applicant is not the Executive Director, a written permission for applicant to apply for an ADI Committee member position must also be submitted with this application by the organization's Executive Director.

SIGNATURE OF APPLICANT: _____ DATE: _____