



CONSENT TO SERVE

I, _____, do hereby consent to serve the Association of Surgical Technologists, Inc., (AST) in the capacity of:

- Board of Directors President Vice President Secretary
- Treasurer
- Bylaws, Resolutions, and Parliamentary Procedures Committee
- Education and Professional Standards Committee
- State Assembly Leadership Committee
- Foundation for Surgical Technology
- Accreditation Review Committee for Education in Surgical Technology
- Ad Hoc Committee/Task Force/ Advisory Committee
- Subcommittee on Accreditation for Surgical Assisting (SASA)
- National Board of Surgical Technology and Surgical Assisting

I understand that by consenting to serve AST in this position I am making a commitment to perform a variety of activities and further agree to carry out all tasks appropriate to the office including, but not limited to, the following.

I will:

1. Make every effort to familiarize myself with the AST Bylaws and the AST Policy Manual.
2. Maintain an adequate filing system pertaining to all aspects of my position beginning immediately following conference.
3. Maintain an open line of communication with national headquarters. Communication is essential to the harmony and effectiveness of AST business.
4. Be aware of report deadlines as directed in the AST Policy Manual.
 - A. These reports are due twice yearly, prior to the mid-year Board meeting and the national conference.
 - B. I keep a copy for my files.
 - C. All reports/correspondence must be sent to national for distribution.
5. Give thoughtful consideration to my efforts when assigned by the President to work on any assignment or special project and will perform those tasks to the best of my

ability.

6. Fully understand that holding an AST elective position requires a considerable amount of verbal and written communication skills and entails a substantial work effort.
7. During my term on the AST Board of Directors, I agree not to serve in any elected or appointed position in any national accreditation, professional, or certification/credentialing organization relative to surgical technology or surgical assisting practice. I further agree to resign from the Board of Directors in the event I decide to seek employment with AST.

I further agree that if at any time I am unable to serve in this capacity or if I fail in my responsibilities to the Board of Directors, House of Delegates, and membership, I will offer my resignation and notify the AST Board of Directors in sufficient time so that a replacement may be acquired to ensure that committee activities are not unduly interrupted.

Dated this _____ day of _____, 20 _____

Signature

Street Address

City, State, & Zip Code

Telephone Number

Email Address

This consent to serve form will be discarded three years from date of receipt. If after that time you remain interested in working with AST, you must submit a new consent-to-serve form and curriculum vitae.

If you are running for an elective office, please submit an election statement on why you want to serve AST. This statement will be published for the membership. Additionally, a 5x7 black and white photograph will be needed for publication in the AST conference brochure.