

## Submit Form to Your State Assembly

(AST Headquarters does not need a copy)

I, \_\_\_\_\_, do hereby consent to serve the \_\_\_\_\_ State Assembly of the Association of Surgical Technologists in the capacity of:

Board of Directors

President

Vice President

Secretary

Treasurer

Committee (please specify): \_\_\_\_\_

I understand that by consenting to serve the \_\_\_\_\_ State Assembly in this position I am making a commitment to perform a variety of activities, have read and understand my duties and responsibilities at [http://www.ast.org/State\\_Assemblies/SA\\_Forms/](http://www.ast.org/State_Assemblies/SA_Forms/) 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 State Assembly Bylaws.
2. Maintain an adequate filing system pertaining to all aspects of my position.
3. Provide a letter of introduction to be sent to your state.
4. Maintain an open line of communication with all state representatives and assembly members. Communication is essential to the harmony and effectiveness of state business.
5. Be aware that all statements I make may be considered "state and national opinion and/or authoritative." People respect leaders who only answer questions they are sure of and openly admit they don't know all the answers but will find out and respond promptly.

6. Be aware of report deadlines as directed by the AST National Office.
  - a. These reports are due Midyear and annually at scheduled times.
  - b. Keep a copy for your files.
  - c. All reports/correspondence must be sent to state secretary for distribution.
7. Give thoughtful consideration to your efforts when assigned by the President to work on any assignment or special project and will perform those tasks to the best of your ability.
8. Fully understand that holding a \_\_\_\_\_ State Assembly elective or appointed position requires a considerable amount of verbal and written communication skills and entails a substantial work effort.

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 \_\_\_\_\_ State Assembly board and membership, including attendance at scheduled meetings of the state assembly board, I will offer my resignation and notify the \_\_\_\_\_ State Assembly board in sufficient time so that a replacement may be acquired to ensure the board and or committee activities are not unduly interrupted. I further agree that if I fail to offer my resignation that the State Assembly board may remove me from office by a two-thirds vote.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

This Consent to Serve Form will be discarded two years from date of receipt. If after that time you remain interested in working with your State Assembly, you must submit a new Consent to Serve Form and CV.