



International Affairs Committee Ambassador Program Application

Name: _____ Date: _____

Company/Organization: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Country to which you would like to serve as an AIHA Ambassador: _____

Do you reside in this country? Yes No

If no, how often do you anticipate traveling to this country within the calendar year? _____

Are you fluent in the language of this country? Yes No

If no, how do you plan to communicate and perform your ambassadorial responsibility effectively?

What current or past affiliations do you have with chartered occupational hygiene organizations or programs in this country (include government, academic, professional, or public health institute)?

How will these affiliations prove beneficial to this country and your service as an AIHA Ambassador?

What occupational hygiene activities would prove most beneficial to this country?

What value do these activities bring to the growth of occupational hygiene in this country, to the profession worldwide, and to AIHA?

What expertise do you possess that would enable you to perform your ambassadorial responsibilities effectively in this country?

Any additional information that you feel would prove valuable in the selection process?

I have read and understand the Standard Operating Procedures of the AIHA Ambassador Program. I agree:

1. I am an AIHA member in good standing.
2. My company is aware that I have applied to serve as an AIHA Ambassador.
3. During work conducted as an AIHA Ambassador, I serve as a representative of AIHA and not my company.
4. The importance of fully supporting the AIHA strategic plan as well as the goals and objectives of the IAC during the pursuit of ambassadorial responsibilities.
5. That AIHA will not monetarily support international travels or my service in the capacity of an AIHA Ambassador.
6. That the AIHA Ambassador term of service is limited to four (4) years.
7. That semi-annual progress reports will be required.

Signature: _____ Date: _____



International Affairs Committee Ambassador Program Application Processing

1. AIHA Staff Liaison (Name): _____

Date application submitted: _____

Application meets criteria for service Application does not meet criteria for service

Comments:

Signature: _____ Date: _____

2. International Affairs Committee Chair (Name): _____

Date application received: _____

Accepted Not accepted at this time

Comments:

Signature: _____ Date: _____

3. AIHA President

Date application received: _____

Accepted Not accepted at this time

Comments:

Signature: _____ Date: _____

4. AIHA Staff Liaison

Applicant notified of final decision Date notified: _____

IAC notified of final decision Date notified: _____