



HEALTHIER WORKPLACES | A HEALTHIER WORLD

## 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: \_\_\_\_\_