WILLINGNESS-TO-SERVE FORM

Please Return via Mail or Fax to:
Ambulatory Surgery Center Association
1012 Cameron St
Alexandria, VA 22314
Fax: 703.549.0976

Volunteer Information

1. **Contact Information**

Name _____

Business Address _____

City, State, ZIP _____

Business Phone _____

Business Fax _____

Email _____

2. **Activities of Interest** *(check all that apply)*

- ☐ Serving on committees
- ☐ Assisting in development of positions and policies
- ☐ Assisting with member questions
- ☐ Helping to plan meetings
- ☐ Raising money for PAC
- ☐ Drafting, editing, and/or reviewing publications and research projects
- ☐ Testifying before legislators and elected officials
- ☐ Motivating peers to participate in grassroots activities

3. **Areas of Expertise** *(check all that apply)*

- ☐ Architecture
- ☐ Clinical
- ☐ Coding/Billing
- ☐ Compliance
- ☐ Development
- ☐ Financial
- ☐ Governance
- ☐ Human Resources
- ☐ Laws and Regulations
- ☐ Manages Care Contracts
- ☐ Quality Management

4. **What position do you currently hold?**

- ☐ Accountant
- ☐ Administrator
- ☐ ASC Owner
- ☐ Coding/Billing Office
- ☐ Consultant
- ☐ Director of Nursing
- ☐ Medical Director
- ☐ Nurse
- ☐ Other (please specify) _____
- ☐ Not currently in ASC

5. **How many years have you been in this position?**

☐ <1 ☐ 1-3 ☐ >3

6. **Please list credentials.**

_____

_____

_____

Leadership Roles

1. **Professional Appointments**
(ASC or hospital committee membership, AAAHC or other accreditation surveyor, or other professional or business leadership appointments)

_____
_____
_____
_____
_____
_____

2. **Community Leadership**

_____
_____
_____
_____
_____
_____

ASC Information (if you currently work in an ASC)

1. **Number of operating/procedure rooms?** _____

2. **Name of your ASC management company, if working with one** _____

3. **Please indicate the specialty of your ASC.**
   - ☐ Single – Gastroenterology
   - ☐ Single – Ophthalmology
   - ☐ Single – Orthopedics
   - ☐ Single – Other _____
   - ☐ Multiple-Specialty

4. **Please indicate the ownership, management and affiliation characteristics of your ASC** *(check all that apply).*
   - ☐ Physician Owned (whole or in part)
   - ☐ Hospital Owned (whole or in part)
   - ☐ Multi-ASC Chain Owned

Please note this form is designed to provide the ASC Association and the Ambulatory Surgery Foundation with information for selecting volunteers. When the need for a volunteer arises, we will contact you with the volunteer opportunity and the estimated time-commitment information needed. You will then be able to ascertain if you are interested in the opportunity, if it matches your expertise and if you have the time available. ASC Association and the Ambulatory Surgery Foundation encourage volunteers to discuss the necessary time-commitment with their employer so their ability to meet commitments is not unexpectedly limited.

Please attach a resume along with this form.

Signature _____ Date _____