

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



Federation of State
Massage Therapy Boards

7111 W 151st Street,
Suite 356
Overland Park, KS 66223
www.fsmtb.org

FSMTB VOLUNTEER APPLICATION FORM

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FSMTB offers equal opportunities to all applicants. It is committed to equitable and fair selection procedures, without regard to race, sex, age, color, religion, disability, national origin, ancestry, marital or familial status, sexual orientation, or any other category protected by federal law or other applicable laws and regulations. No question on this application is intended to secure information to be used for any discriminatory purpose. Your application will be given every consideration but its completion does not imply that you will be appointed by FSMTB.

Name _____
Last First Middle

Present address _____
Number Street City State Zip Code

E-mail address: _____ Date of Birth: _____

Phone () _____ (home) () _____ (work) () _____ (cell)

Position(s) in which you are interested:

Have you previously volunteered for FSMTB? Yes (please state) No

Have you previously volunteered for another organization? Yes (please state) No

Do you speak any languages other than English? Yes (please state) No

LICENSURE, CERTIFICATION, and PROFESSIONAL MEMBERSHIPS

Professional Licenses:

Professional Certifications:

Professional Memberships:

HONORS and AWARDS

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PROFESSIONAL REFERENCES

Please list two professional references:

Name _____

Occupation _____

Address _____

Phone () _____

Email _____

Name _____

Occupation _____

Address _____

Phone () _____

Email _____

PERSONAL REFERENCES

Please list two personal references other than relatives or members of your household:

Name _____

Occupation _____

Address _____

Phone () _____

Email _____

Name _____

Occupation _____

Address _____

Phone () _____

Email _____

SPECIAL SKILLS and INTERESTS

Continuing Education

Communications

Examinations

Finance

Fundraising

Leadership

Marketing/PR

Meeting Planning

Policy Development

Regulation

Translations

Other (please state):

CONVICTIONS

During the past 10 years, have you ever been convicted of a crime other than a minor traffic offense?

Yes

No

A conviction will not automatically disqualify you for a volunteer position with FSMTB.

If "yes," please explain.

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PERSONAL STATEMENT
Limit to 200 words. Please include your interest in serving on FSMTB Board / Committee / Other

ADDITIONAL INFORMATION YOU WOULD LIKE FSMTB TO CONSIDER

An application form sometimes makes it difficult for an individual to adequately summarize his or her complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position(s) for which you are applying.

APPLICANT'S CERTIFICATION AND RELEASE

I hereby certify that all the information and facts that I provided on this application or any other document submitted in connection with my application are true and correct. I hereby release FSMTB from any and all liability of whatever kind and nature that, at any time, could result from its verification of the information given by me on this application and any decision made by FSMTB on the basis of such information. I understand that if FSMTB appoints me to a volunteer position and I accept, I will fully adhere to the policies, rules, and regulations of FSMTB.

Signature of applicant _____ Date _____

Please attach your resume with this application.

Thank you for your interest in FSMTB and for completing this application form.