



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

Volunteer Application Form

Date submitted _____

Title/Designation _____

First and Last Name _____ City of Residence _____

Phone No. _____ Email _____

Preferred Contact Method Phone Email

Please indicate area(s) of interest:

> AIBC Operational Boards, Committees, Panels and Task Forces

- | | |
|---|---|
| <input type="checkbox"/> Annual Conference PD Committee | <input type="checkbox"/> Gallery Advisory Committee |
| <input type="checkbox"/> Awards Jury Committee | <input type="checkbox"/> Intern Architect Committee |
| <input type="checkbox"/> Architect Selection & Collaboration Ctte | <input type="checkbox"/> Investigations Committee |
| <input type="checkbox"/> Arch. Technologist Admissions Committee | <input type="checkbox"/> Post-Disaster Response Committee |
| <input type="checkbox"/> Building Envelope Committee | <input type="checkbox"/> Professional Recognition Committee |
| <input type="checkbox"/> Bylaw Review Committee | <input type="checkbox"/> Qualifications Committee |
| <input type="checkbox"/> Consensual Resolution Review Panel | <input type="checkbox"/> Registration Board |
| <input type="checkbox"/> Code of Ethics Focus Group | <input type="checkbox"/> Regulatory Coordination Committee |
| <input type="checkbox"/> Design Panel Committee | <input type="checkbox"/> Remedial Review Panel |
| <input type="checkbox"/> Experience Review Committee | <input type="checkbox"/> Road to Registration Task Force |

> Other Opportunities

- | | |
|---|--|
| <input type="checkbox"/> ExAC Invigilator (annual) | <input type="checkbox"/> Oral Assessment Review Panelist |
| <input type="checkbox"/> Mentor of an Intern Architect AIBC | <input type="checkbox"/> Oral Reviewer (triannual) |

Thank you for your interest in volunteering at the AIBC!

Please send the completed Volunteer Application form to volunteers@aibc.ca.

Our team will contact you to discuss opportunities!