



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

## Volunteer Application Form

Thank you for your interest in volunteering at the AIBC. Please email your completed Volunteer Application form and up-to-date resume to [volunteers@aibc.ca](mailto:volunteers@aibc.ca). The People Operations department will follow up with you to discuss currently available and upcoming opportunities.

<b>Personal Information</b>				
<b>First Name (legal):</b>	<b>Last Name (legal):</b>			
<b>Preferred Name:</b>				
<b>Email Address:</b>	<b>AIBC ID (AIBC R-#####):</b>			
<b>Registrant Type:</b>				
<input type="checkbox"/> Architect AIBC	<input type="checkbox"/> Intern Architect AIBC	<input type="checkbox"/> Architectural Technologist AIBC	<input type="checkbox"/> Retired Architect AIBC	<input type="checkbox"/> Other Specify: _____

<b>Areas of Interest</b>	
<input type="checkbox"/> Conference PD Advisory Group	<input type="checkbox"/> Conduct Review Committee
<input type="checkbox"/> Credentials Committee	<input type="checkbox"/> Mentor of an Intern Architect AIBC
<input type="checkbox"/> Professional Standards Advisory Group	<input type="checkbox"/> Qualifications Advisory Group
<input type="checkbox"/> Discipline Committee	<input type="checkbox"/> Oral Examiner
<input type="checkbox"/> Design Panel Advisory Group	<input type="checkbox"/> Municipal Advisory Design Panels
<input type="checkbox"/> Investigation Committee	<input type="checkbox"/> BEA Assessor
<input type="checkbox"/> Experience Review Advisory Group	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Nomination Committee	
<input type="checkbox"/> Certified Professional Advisory Group	

### **Expression of Interest**

*Please outline your interest in the group you would like to join, your skills and experience and how you feel you meet the required competencies. Include any relevant past AIBC involvement.*

### **Professional Conduct and Illegal Practice Check**

Please note that all applications are subject to a Professional Conduct and Illegal Practice Check carried out by the AIBC. Should you wish to disclose any matters relevant to this check, please contact our People Operations department at [volunteers@aibc.ca](mailto:volunteers@aibc.ca).

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**Signature of Prospective Volunteer**

**Date**

### **COLLECTION NOTICE**

*The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's records on the status of its volunteers and various volunteer groups. If you have questions about the collection and use of this information, please contact the AIBC's People Operations department by email at [volunteers@aibc.ca](mailto:volunteers@aibc.ca). As a public body under the provisions of the Freedom of Information and Protection and Privacy Act, the AIBC provides security and confidentiality of your personal information.*