



AAPD Volunteer Leader Agreement

If ~~approved~~ confirmed by the AAPD Board of Trustees, I hereby accept appointment to the assignment named below. I shall be responsible to the American Academy of Pediatric Dentistry in the following ways:

- I will commit the time required for this assignment.
- I will engage in this assignment with a positive, constructive attitude.
- I will avoid conflicts of interest, or promptly disclose them to the chair should they arise.
- I will use discretion and good judgment ~~when privy~~ in regards to disclosure of sensitive information as a result of my assignment.

Signature: _____

Your printed name: _____

Assignment: _____

Please FAX form to the attention of Margaret Bjerklie at AAPD (FAX- 312-337-6329) by _____.