



Volunteer Acceptance Form (VAF)

For AOAC Research Institute Performance Tested Methodssm (PTM) Expert Reviewers

Please list your information below:

Name *

Prefix First Name Middle Name Last Name Suffix

Title *

Organization *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Email *

example@example.com

Office Number *

Country Code Area Code Phone Number

Cell Number *

Country Code Area Code Phone Number

Were you recruited / by whom? *

Please list the areas of your expertise. (i.e. Salmonella, drug residue, LC-MS, etc.) *

Before accepting, review the following AOAC INTERNATIONAL Policies and Procedures on Volunteer Conflict of Interest, Antitrust Policy Statement & Guidelines.

I have read and accept the AOAC INTERNATIONAL Policies on Volunteer Conflict of Interest and Antitrust Policies *

I accept