



Appendix 24 – Event Volunteer Participation Form

- Member's, please fill out this form and submit it to info@cmmota.com
- Event Volunteering must include providing either Massage or Manual Osteopathic treatment at no charge as a way of promoting the profession(s).

Member Name: _____

Member Number: _____

Date(s) of Volunteer Participation: _____

Number of Hours Spent Volunteering: _____

Name of Event: _____

Location of Event: _____

- **Please have the Volunteer Supervisor for the event fill out the following:**

Name of Volunteer Supervisor: _____

Signature of Volunteer Supervisor: _____

OFFICE USE ONLY
Date Approved: _____
Credits: _____
Evaluated By: _____
Modality: _____
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary
<input type="checkbox"/> Personal Interest
<input type="checkbox"/> Online