

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



Federation of State  
Massage Therapy Boards

7111 W 151<sup>st</sup> Street,  
Suite 356  
Overland Park, KS 66223  
www.fsmtb.org

APPLICATION FOR FSMTB VOLUNTEER BOARD OF DIRECTORS/COMMITTEE

Page 1 of 3

FSMTB offers equal opportunities to all applicants. It is committed to equitable and fair selection procedures, without regard to race, sex, age, color, religion, disability, national origin, ancestry, marital or familial status, sexual orientation, or any other category protected by federal law or other applicable laws and regulations. No question on this application is intended to secure information to be used for any discriminatory purpose. Your application will be given every consideration but its completion does not imply that you will be appointed by FSMTB.

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip Code

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone ( ) (home) ( ) (work) ( ) (cell)

Are you a U.S. citizen or a legal alien?

Position(s) you are interested in:

No  Yes

Have you previously volunteered for FSMTB?  Yes (please state)  No

Have you previously volunteered for another organization?  Yes (please state)  No

Do you speak any languages other than English?  Yes (please state)  No

LICENSURE, CERTIFICATION, and PROFESSIONAL MEMBERSHIPS

Professional Licences:

Professional Certifications:

Professional Memberships:

HONORS and AWARDS

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PROFESSIONAL REFERENCES

Please list two professional references:

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

PERSONAL REFERENCES

Please list two personal references other than relatives or members of your household:

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

SPECIAL SKILLS and INTERESTS

- Communications     Examinations     Finance     Fundraising     Leadership  
 Marketing/PR     Meeting Planning     Policy Development     Regulation     Translations  
 Other (please state):

CONVICTIONS

During the past 10 years, have you ever been convicted of a crime other than a minor traffic offense?

Yes     No

A conviction will not automatically disqualify you for a volunteer position with FSMTB.

If "yes," please explain.

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**PERSONAL STATEMENT**  
Limit to 200 words. Please include your interest in serving on FSMTB Board or Committee


**ADDITIONAL INFORMATION YOU WOULD LIKE FSMTB TO CONSIDER**

An application form sometimes makes it difficult for an individual to adequately summarize his or her complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position(s) for which you are applying.


**APPLICANT'S CERTIFICATION AND RELEASE**

I hereby certify that all the information and facts that I provided on this application or any other document submitted in connection with my application are true and correct. I hereby release FSMTB from any and all liability of whatever kind and nature that, at any time, could result from its verification of the information given by me on this application and any decision made by FSMTB on the basis of such information. I understand that if FSMTB appoints me to a volunteer position and I accept, I will fully adhere to the policies, rules, and regulations of FSMTB.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please attach your resume with this application.**