

Call for Volunteers

Willingness to Serve Form



Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Chapter Affiliation _____

Office phone _____ Cell _____ Fax _____

Email _____

Member/Non-member of PHTA? Yes No PHTA Member Number _____

I am a:

- | | | | |
|----------------------------------------------|-----------------------------------------------|----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Builder/Installer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Pool Operator | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Manufacturers Agent | <input type="checkbox"/> Design Professional | <input type="checkbox"/> Retailer | <input type="checkbox"/> Service Company |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Code/Health Official | <input type="checkbox"/> Other _____ | |

Current Designations:

- | | | | | | | |
|--------------------------------------------|-----------------------------------------|-------------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> CBP | <input type="checkbox"/> CSP | <input type="checkbox"/> CST | <input type="checkbox"/> CMS | <input type="checkbox"/> CHTT | <input type="checkbox"/> CRP | <input type="checkbox"/> CPO |
| <input type="checkbox"/> GENESIS Associate | <input type="checkbox"/> SWD Registered | <input type="checkbox"/> SWD Master | | | | |

Areas of Expertise:

- | | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Aboveground pools | <input type="checkbox"/> Electrical and illumination requirements, equipotential bonding | <input type="checkbox"/> Pumps and motors |
| <input type="checkbox"/> Accessory structures, i.e. submerged rocks, stools, islands, water features, bond beams | <input type="checkbox"/> Energy efficiency | <input type="checkbox"/> Residential inground pools |
| <input type="checkbox"/> Circulation and circulation systems, components | <input type="checkbox"/> Entries and exits, swimouts, underwater benches, and special features | <input type="checkbox"/> Safety and safety features |
| <input type="checkbox"/> Commercial pools | <input type="checkbox"/> Fiberglass pools | <input type="checkbox"/> Sanitizing equipment and chemical operational parameters |
| <input type="checkbox"/> Decks and deck equipment | <input type="checkbox"/> Filters | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Design (general) | <input type="checkbox"/> Heaters | <input type="checkbox"/> Suction entrapment avoidance |
| <input type="checkbox"/> Dimensional design, floor and wall slopes, construction tolerance | <input type="checkbox"/> Inlets and outlets | <input type="checkbox"/> Ventilation |
| | <input type="checkbox"/> Operation and facility management | <input type="checkbox"/> Vinyl lined pools |
| | <input type="checkbox"/> Package pool spas (inground, portable) and swim spas | <input type="checkbox"/> Water supply |

Interest:

- | | | |
|----------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Builders Council | <input type="checkbox"/> Fiberglass Pool Manufacturers Council | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Commercial Council | <input type="checkbox"/> Manufacturers Agents Council | <input type="checkbox"/> Retail Council |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Manufacturers Council | <input type="checkbox"/> Service Council |

On a separate sheet, please tell us why you want to serve on a Council or Committee? Please include any relevant experience, qualifications, education, awards or honors.

Signature _____ Date _____

Please send your completed form to PHTA's Director of Councils and Chapters Amy Cannon at acannon@phta.org.