



The Portuguese Water Dog Club of America, Inc.
PWDCA COMMITTEE VOLUNTEER FORM

Mail completed form to: Kris Cofield, 269 Chestnut Hill Road, Glastonbury, CT 06033
 Or submit via email to: Kcofield@pwdca.org

Member Name: _____ Primary Phone: _____

Address: _____ Alternate Phone: _____

City: _____ State: _____ Zip Code: _____ Fax: _____

Year joined PWDCA: _____ Active or Associate Member: _____ E-mail: _____

NOTE: You may volunteer for as many committees as you desire. Your application can be revised at any time by resubmitting the form. In the event that openings are not available or you are not chosen for an advertised opening Volunteer forms will be kept on file for a minimum of two years after initial submission.

I am interested in serving on the following committee(s):

<input type="checkbox"/> Addison's Disease <input type="checkbox"/> Agility <input type="checkbox"/> AKC Show Stats <input type="checkbox"/> Allergy, Hairloss & Dermatology <input type="checkbox"/> Archive Coordinator <input type="checkbox"/> Auto Immune <input type="checkbox"/> Awards <input type="checkbox"/> Breed Standard <input type="checkbox"/> Breeder Development <input type="checkbox"/> Breeder Referral <input type="checkbox"/> Cancer	<input type="checkbox"/> CHIC Coordinator <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Eye Disease <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> GM-1 <input type="checkbox"/> Health Information Coor. <input type="checkbox"/> Health & Litter Database <input type="checkbox"/> Heart <input type="checkbox"/> Judge Selection <input type="checkbox"/> Judges' Education <input type="checkbox"/> Junior Affiliate <input type="checkbox"/> Legislative	<input type="checkbox"/> Membership <input type="checkbox"/> Miller Scholarship <input type="checkbox"/> Obedience/Rally/Tracking <input type="checkbox"/> Orthopedic <input type="checkbox"/> Policy & Procedure Manual <input type="checkbox"/> PWDCA-L Admin <input type="checkbox"/> Regional Club Admin <input type="checkbox"/> Remembrance Fund <input type="checkbox"/> Rescue/Relocation <input type="checkbox"/> SEAT <input type="checkbox"/> Therapy <input type="checkbox"/> Thyroid	<input type="checkbox"/> Top 20 Event <input type="checkbox"/> Volunteer Coordination <input type="checkbox"/> Water Trial <input type="checkbox"/> Website <input type="checkbox"/> By-Laws (Ad Hoc) <input type="checkbox"/> Ethics (Ad Hoc) <input type="checkbox"/> Illustrated Breed Standard (Ad Hoc) <input type="checkbox"/> Nominating Committee (Ad Hoc) <input type="checkbox"/> Website Revision (Ad Hoc) <input type="checkbox"/> Where Needed <input type="checkbox"/> Other
---	--	--	--

I would like to serve on the committee(s) because _____

I have the following skill(s) that could be utilized on committee(s): _____

PWDCA COMMITTEE VOLUNTEER FORM - continued-

My history with the PWDCA/PWD/Other Breed Clubs: _____

Comments: _____

CONFIDENTIALITY AGREEMENT FOR MEMBERS OF PWDCA COMMITTEES

I agree to respect and uphold the confidential nature of any information so designated, provided to me during or in connection with my service as a member of a committee of the Portuguese Water Dog Club of America ("PWDCA"), including, but not limited to, confidential written, electronic and oral communications regarding individual Portuguese Water Dogs, breeding programs and breeders. I will not reproduce or disseminate in any manner (verbal, written, or otherwise) any confidential information and/or documents that I receive in connection with my service on a PWDCA committee except to other members of the same committee as needed in fulfilling the work of the committee or to researchers for studies approved by the PWDCA. At the end of my service, I will turn over to the chair of the committee, or PWDCA Recording Secretary, all confidential documents related to that committee. I acknowledge that my agreement to maintain confidentiality remains intact even after my leaving the Committee.

Confidential information may be verbal, written or electronic information that is not publicly available and is: 1) claimed confidential by the submitter of the information; 2) personal information for which there is a general expectation of privacy; or 3) directly related to charges preferred against a PWDCA member, until or unless charges are sustained against a PWDCA member, in which case the information submitted shall no longer be deemed confidential.

I understand that violation of this agreement will result in immediate termination of my position on any PWDCA committee, and that nothing in this agreement bars the PWDCA from pursuing any or all remedies against anyone who discloses or receives such confidential information. Furthermore, violation of this agreement shall constitute a breach of the By-Laws of the PWDCA, and as such, may result in suspension and/or expulsion from the PWDCA.

By my signature below, I hereby confirm:

- a. That all data (date of birth, litter size, registration numbers and names) on litters bred or co-bred by dogs and/or bitches I currently own or have co-owned within the past five (5) years and in future years, have been and will be filed with the PWDCA Health and Litter Database.**
- b. That all current health data on dogs and/or bitches I currently own or have co-owned within the past five (5) years and in future years, have been and will be filed with the PWDCA Health and Litter Database.**
- c. That I will abide by the Confidentiality Agreement for Members of PWDCA Committees.**

MEMBER SIGNATURE

DATE

NOTE: The PWDCA respects your privacy. This information will not be shared or sold to other organizations or businesses.

DATE RECEIVED BY PWDCA:

Form Revised: March 30, 2011