

# The Alliance of International Aromatherapists

## Volunteer Agreement

Thank you for offering to serve as a Volunteer for the Alliance of International Aromatherapists (AIA).

Date: \_\_\_\_\_

Name		
Home Address		
Phone	Fax	e-mail
Work (if applicable) Company & Address		
Phone	Fax	e-mail

### Check your area(s) of interest:

#### Committee

<input type="checkbox"/>	Education	<input type="checkbox"/>	State Representative (State _____)
<input type="checkbox"/>	Fundraising (Fundraising, Grants, Sponsorships)	<input type="checkbox"/>	Regional Representative (Region _____)
<input type="checkbox"/>	Publications (eNewsletter, Web, FB, Blog, other publications)	<input type="checkbox"/>	Special Assignment _____
<input type="checkbox"/>	Research	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Conference: Specific tasks(s), if applicable		
<input type="checkbox"/>	Other Committee _____		

### Purpose

The purpose of this Volunteer Agreement is to describe Volunteer qualifications and interests, and to establish expectations for the Volunteer. The Volunteer Agreement covers a range of activities from one-time events, special projects, conference activities, representatives, to long-term committee commitments.

### Information and Expectations

As a Volunteer, you are an important member of AIA and act as a representative of our organization. For a better understanding of what you can expect as a Volunteer and what is expected of you, we ask you to **read, complete** and **sign** this Agreement.

Our Board and Committee Members have laid a foundation upon which to build. Our Committees are “working” committees comprised of very active members whose professionalism, passion and desire are the driving force behind AIA’s mission of bringing aromatherapy forward with vision and action!

Please note that each Committee sets their own meeting times and frequency of meetings (in most cases one per month). Choosing to serve on a Committee will require your attendance at each meeting. You may be required to perform specific tasks in a timely manner for the overall function and success of the work of a Committee. Most Committees keep in touch via email correspondence. In many cases, the work of one or more individuals may be submitted to the entire Committee (via email) for feedback. It will be your duty to stay informed and to participate in the review of such work or documents. Should

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you miss two meetings in a year and/or become passive in responding to requests from fellow Committee members, you may be asked to resign or be removed from the Committee.

During conferences or other AIA events, we may ask for Volunteers to help by working on a project, operating a booth or registration table, selling raffle tickets or providing general help during the event. You may volunteer for a specific day/time (indicate below) for that event. In addition, our AIA office may need additional help from time to time. Those local to the AIA office may indicate when they may be able to assist, should the need arise. During a conference or event, we look for many Volunteers to serve for shorter time periods. This enables our Volunteers to participate more fully as an attendee during the event. To that end, punctuality, good customer service skills and a positive demeanor are required.

The Board may from time to time have special projects or assignments that will require volunteer assistance. Those who have expressed an interest in serving and have appropriate skills will be notified.

## **Please answer all questions in this agreement.**

You may attach additional pages.

<p>1. How did you hear about this opportunity to serve?</p> <p>If a member referred you, please provide his/her name.</p>
<p>2. Please summarize your experience with and/or interest in our organization:</p>
<p>3. How long have you been a member of AIA?</p>
<p>4. Some Committees are at capacity, and others could use more members. Are you willing to be considered for a Committee other than the above if it appears your skills and experience would be a good fit on another Committee?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Committees generally meet monthly. Some meet more often, others less. Scheduling future meeting times and dates is done by the individual Committees. Hours dedicated to Committees vary yet an average number of hours to commit for service is 10 hours per month. Please indicate the number of hours and best days/times for you:</p> <p># of hours per month: _____ Days/times: _____</p>
<p>5. Regarding activities and special assignments.</p> <p>Activities and special projects may include helping with an event such as a conference or regional event helping set up, registration or other assigned duty. Given your understanding of the nature of the activity or special project, please indicate the number of hours and best days/times for you:</p> <p># of hours per month: _____ Days/times: _____</p>

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<b>6. Please indicate your skills and experience in the following areas:</b>	<b>Very experienced</b>	<b>Some experience</b>	<b>Little/no experience</b>
Aromatherapy – practice			
Board development (recruitment, training, evaluation)			
Communication, public and media relations;			
Conferences & special events (planning and implementing)			
Education – teaching			
Financial management and control (budgeting, accounting)			
Fundraising			
Information technology			
Organizational development			
Participation in interagency committees.			
Program planning and evaluation			
Public speaking			
Recruiting, hiring and evaluating personnel			
Strategic planning			
Writing, journalism			
Other (please indicate)			

<p>7. For the items you checked as “very experienced” or “some experience”, please provide details.</p>          
<p>8. If not described above, please outline your experience as a Volunteer or Committee member in other organizations.</p>          
<p>9. You may also attach a resume if you’d like. (This is optional, not required.)</p>          

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**Questions 10 and 11 are only for members applying for State or Regional Representative**

10. Reason for wanting to be a representative.

11. What is your vision while in the position?

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## Understandings and Affirmations

- I understand and agree that any injury I may sustain while performing service as a Volunteer will not be covered by insurance or Workers' Compensation Insurance and will be my responsibility.
- I have read the complete *Standards and Practice* portion of the website including AIA's position on the internal use of essential oils, use during pregnancy and other safety guidelines contained therein. The purpose of this request is to assure your understanding of AIA's positions and viewpoints regarding the safe and responsible use of essential oils as you will be communicating with the public and we desire that your message is kept true to those of AIA.
- I agree to present myself and communicate with others in a professional manner.
- I agree that if I have any concerns, questions or inquiries I will take them directly to the AIA National Representative or the Board of Directors.
- I understand that AIA requires strict confidentiality be maintained with respect to all information obtained by volunteers concerning AIA. If I currently or during the course of my volunteer position serve as an officer, director, representative, or committee member of any other aromatherapy membership organization I will notify the AIA Board of Directors. Further, I understand that if it is determined that my other commitment places me at irreparable risk of breaching confidentiality, I will step down from serving AIA or the other organization.
- I understand there is no expectation of compensation or benefits for my service.

I have read, understand, and agree to comply with all provisions in this Volunteer Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mail, fax, or e-mail completed agreement to:

#### Mailing Address:

Alliance of International Aromatherapists  
Suite 323  
9956 W. Remington Place - Unit A10  
Littleton, Colorado 80128

**Email:** [info@alliance-aromatherapists.org](mailto:info@alliance-aromatherapists.org)

**Phone:** 303-531-6377

**Toll Free:** 1-877-531-6377

**Fax:** 303-979-7135

**Office Hours:** 9:00 a.m. - 4:00 p.m. - Monday-Friday, closed on holidays