



## Confirmation of Institutional Support

Please review the following information and the applicable volunteer position description with the appropriate individual(s) at your institution to ensure that all parties understand the expectations of holding ACUI volunteer positions. Have your supervisor review the information below and sign that they understand the expectations and support your application and/or candidacy for the position.

NAME OF VOLUNTEER: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

For volunteer positions with travel, event attendance, and/or time out-of-office requirements, ACUI expects the following:

- Financial commitment from the institution for the volunteer to participate in the meetings and events designated in the volunteer job description. Direct expenses for conducting association or regional business for meetings are covered by the association. However, several positions require the volunteer to travel and be registered for conferences and events, which is a commitment of the institution.
- ACUI membership is required for volunteers. Those involved in ACUI Leadership Team positions must have institutional membership, while all other positions must have institutional or individual membership.
- Time commitment from the institution for the volunteer to participate in the meetings and events designated in the volunteer job description. Recurring video conference calls occur for all positions, and several positions require time out of the office to attend face-to-face meetings, conferences, and events.
- Access to and permission to use office equipment, internet, email, webcams, and long-distance telephone to complete tasks, as necessary, for the role.
- Serving as a volunteer will include appearing in publication and at events as a representative of the institution when engaging in the professional association with colleagues.

### Acknowledgement of Support

I confirm that the individual listed above has the institutional support necessary to make their participation in this ACUI volunteer position possible.

SIGNED: \_\_\_\_\_

NAME (print): \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_