



The Portuguese Water Dog Club of America, Inc.

**PWDCA COMMITTEE VOLUNTEER FORM**

Mail completed form to: Robin Burmeister, 2010 PWDCA Recording Secretary, 1991 M-119, Petoskey, MI 49770  
 or e-mail form to: windwardpwds@gmail.com

Member Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (office): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Date joined PWDCA: \_\_\_\_\_ Full or Associate Member: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** You may express an interest in serving on various committees as often as you desire.

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

<input type="checkbox"/>	Addison's Disease	<input type="checkbox"/>	Breeder Referral Service	<input type="checkbox"/>	Health Information Coord.	<input type="checkbox"/>	Regional Sanctioned Clubs
<input type="checkbox"/>	Agility	<input type="checkbox"/>	Budget/Tax	<input type="checkbox"/>	Heart	<input type="checkbox"/>	Remembrance Fund
<input type="checkbox"/>	AKC Delegate	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Judges' Education	<input type="checkbox"/>	Rescue & Relocation
<input type="checkbox"/>	AKC Show Stats	<input type="checkbox"/>	Courier Advisory	<input type="checkbox"/>	Junior Affiliate	<input type="checkbox"/>	Specialty Event Advisory Team
<input type="checkbox"/>	Allergy, Hairloss & Dermatology	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	Legislative	<input type="checkbox"/>	Therapy
<input type="checkbox"/>	Archives/Historian	<input type="checkbox"/>	Ethics	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Trophy
<input type="checkbox"/>	Area Representative	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Miller Scholarship Fund	<input type="checkbox"/>	Water
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Futurity	<input type="checkbox"/>	National Specialty Judge Selection	<input type="checkbox"/>	Annual Report Coordinator
<input type="checkbox"/>	Breed Standard	<input type="checkbox"/>	Gastrointestinal & Megaesophagus	<input type="checkbox"/>	Obedience/Tracking	<input type="checkbox"/>	By-laws
<input type="checkbox"/>	Breeder Code	<input type="checkbox"/>	GM1	<input type="checkbox"/>	Orthopedic	<input type="checkbox"/>	Database Support Team
<input type="checkbox"/>	Breeder Development	<input type="checkbox"/>	Health Consultant	<input type="checkbox"/>	Rally	<input type="checkbox"/>	Thyroid

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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 Code of Ethics 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.**

\_\_\_\_\_  
**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: \_\_\_\_\_

Revised: February 15, 2010