 **ACHIEVEMENT PROGRAM**

 **ASSOCIATION VOLUNTEER**

 **STATEMENT OF QUALIFICATIONS FORM**

 **JANUARY 2025** page 1 of 4

Member's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP/PC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA Region: \_\_\_\_\_\_\_\_\_\_\_\_Division: \_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To qualify for this certificate, you must:**

1. Serve actively on NMRA Committees (National, Region or Division) and/or as an Officer long enough to accumulate at least 60 certified time units (TU).

[ ]  Active satisfactory service as a National Department Head at the rate of 4 TU per month.

[ ]  Active satisfactory service as a National Committee Chair, reporting to a Department Head, at the rate of 3 TU per month.

[ ]  Active satisfactory service as a Region Committee Chair or a National Committee member or as a Division Superintendent/President at the rate of 2 TU per month. A Division Superintendent/President has the option to use their service toward the Official certificate if they do not already hold it.

[ ]  Active satisfactory service as a Region Committee member, a Division Officer other than Superintendent/President, or Division Committee Chair at the rate of 1 TU per month.

[ ]  Active satisfactory service as a Division Committee member or Division Board member at the rate of 1/2 TU per month.

[ ]  Editors of an NMRA publication shall receive credit for their service at the rate appropriate for Committee Chairs at the same level. At least four (4) issues of the Newsletter, edited by the person applying, shall be attached to the SOQ or a URL provided for electronic Newsletters before points will be considered for credit.

[ ]  Service as a Division Officer (other than Superintendent/President) or Division Director shall be credited at the same rate as that for service on Region Committees of 1 TU per month.

[ ]  Newsletter Editors of 100% NMRA Clubs that have ten or more members may earn one point per issue of the Club Newsletter (print or electronic), providing it is four pages or more. At least four (4) issues of the Newsletter, edited by the person applying, shall be attached to the SOQ or a URL provided for electronic Newsletters before points will be considered for credit.

[ ]  Official judges at an NMRA sponsored model contest shall be given time units for such service at the contest only, not monthly, as a one-time service credit per contest as follows: National 3 TU, Region 2 TU, Division 1 TU

[ ]  Individuals (and their crews) who open their home or club layout for tours or operating sessions in conjunction with NMRA conventions or other NMRA sponsored events earn credit of 3 TU/day that the layout is open for viewing to a maximum of 12 TU for a National event, 6 TU for a Region event or 3 TU for a Division event.

[ ]  Individuals who participate in modular layouts in conjunction with NMRA sponsored events earn credit of 3 TU/day for each day that the layout is open for viewing at the event to a maximum of 12 TU for a National event, 6 TU for a Region event or 3 TU for a Division event.

[ ]  Boy Scout Railroading Merit Badge Counselors who are NMRA members can earn 1 TU per month of active service plus 1 TU per Scout that qualifies. This credit is retroactive with no time limit for those who have served as Counselors in the past provided that they were also NMRA members during the time of service.

[ ] A live clinic that is presented more than once earns Author credits for the first presentation and Association Volunteer credits for each additional presentation (If the applicant already holds the Author certificate, then all presentations of a clinic earn credits toward Association Volunteer.) at the following schedule:

 National Clinic – 3 Time Units

 Region Clinic – 2 Times Units

 Division Clinic – 1 Time Unit

2. Certification of accomplishment shall be by the committee chair in the case of committee members and by the appointing officer in the case of a Committee Chair. Certification of active service as Chair of a convention sponsoring group shall be by the Region or National President as appropriate. Current Region Secretaries or the National NMRA Secretary may provide certification when the appointed officer is not available or when many positions will require several signatures.

3. Submit a completed Statement of Qualifications (SOQ) itemizing evidence of the completion of the above requirements.

 In case of exceptionally outstanding service, the Chair of a committee or the appointing officer, in the case of a Committee Chair, may initiate the SOQ for a member whom he or she knows to have met the requirements. However, the member must sign the "Member's Statement and Agreement".

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Member's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD OF SERVICE**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION HELD | FROM | TO | LEVELN - NationalR - RegionalD - Divisional | POINTS/MONTH | POINTSEARNED | VERIFIED BYNAME | NMRA # |
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 **ACHIEVEMENT PROGRAM**

 **ASSOCIATION VOLUNTEER**

 **STATEMENT OF QUALIFICATIONS FORM**

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Member's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD OF SERVICE - CONTINUED**

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**Member Statement and Agreement:**

I certify that I have completed all of the requirements for this Certificate of Achievement as listed above and that I will agree to assist other members in this subject whenever possible, whether or not they are participants in the Achievement Program. 🞎 Check here if this is the member’s first award.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division Achievement Program Chair Review (optional):** Reviewed for compliance and completeness.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Region Achievement Program Chair**

As the NMRA Region Achievement Program Chair of the \_\_\_\_\_\_\_\_\_\_\_, I certify that I have examined this SOQ and, having compared it to the stated requirements for this certificate, I am satisfied that the stated requirements have been met.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region Certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by AP National Executive Assistant Manager**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_