**EPSHRM-Chapter 292***Volunteer Interest Form*

|  |  |
| --- | --- |
| Date: | Certification (SPHR, PHR, SHRM-SCP, SHRM-CP, etc.): |
| Name: |
| Title: | Company: |
| Street Address: |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |
| How long have you been a member of our chapter? years  | SHRM Member: No Yes; If yes how long  |
| **Volunteer Experience*****Please list previous positions within Local or Other Chapter/SHRM or other organizations (list most recent first). Write on back if you need more space.***Position: Organization: Start Mo/Yr: End Mo/Yr: Position: Organization: Start Mo/Yr: End Mo/Yr:  |
| **Volunteer Committee Interest –*****Please prioritize desired volunteer positions.*** Secretary Treasurer VP of Programs VP of Membership President-Elect  AND/OR I would be interested in serving as a Director or as a committee volunteer in the following leadership areas: (please prioritize) Certification College Relations Community Outreach Diversity  Government Affairs Website & Communications |
| **Volunteer Commitment*****Being a volunteer requires a commitment of time by the volunteer and his/her employer.***1. Does your company support EPSHRM volunteer time and commitment? Yes No2. Does your company cover travel cost for your volunteer commitment? *\_\_\_\_*Yes \_\_\_\_No  3. Are you willing to commit to attending chapter monthly membership and quarterly board meetings? \_\_\_\_Yes \_\_\_\_No4. What interests you about the position for which you are volunteering?5. Please describe your professional strengths or areas of expertise and how they will contribute to the enhancement of our organization. |

Please accept my interest form for the selected positions. I understand the commitment required by the EPSHRM to perform in the position I have chosen and agree to do so to the best of my ability should I be selected for the committee.

Signature Date

\*\*Please submit this form to:

Mayela0823@yahoo.com no later than July 27, 2018\*\*