## Committee Member Application

# Genesee Valley Chapter



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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | Date: | | | |  | | | |
| Last | | | | | | | | | | | | First | | | | | | | | | | | | | | M.I. | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | |
| Home Phone: | (     ) | | | | | | | | | | | | | Home E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | |
| Business  Phone: | (     ) | | | | | | | | | | | | | Business E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | |
| Mobile  Phone: | (     ) | | | | | | | | | | | | | How do you prefer to be contacted? | | | | | | |  | | | | | | | | | | | | | | | | |
| Approximately how many hours per week are you available to devote to this position? | | | |  | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| What committee(s) are you interested in? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently a member of GV ASTD? | | | | | | | | | | YES | | | NO | | | If yes, for how long? | | | | | | | | | | | | | | | | | | | |  |  |
| Are you currently a member of National ASTD? | | | | | | | | | | YES | | | NO | | | If yes, for how long? | | | | | | | | | | | | | | | | | | | |  |  |
| Are you currently a member of other professional organizations? | | | | | | | | | | YES | | | NO | | | If yes, which ones? | | | | | |  | | | | | | | | | | | | | | | |
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| Interests and Professional Skills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide a brief overview of your key skills and professional experience : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe why you are interested in a GV ASTD committee position? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you feel you can bring value to GV ASTD in the position that you are applying for? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate your professional skills in any of the following key areas (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional skill development | | | | | | | |  | | | | | | | Event planning/management | | | | | | | | | | | | | |  | | | | | | | | |
| Written communications/editing | | | | | | | |  | | | | | | | Website design/management | | | | | | | | | | | | | |  | | | | | | | | |
| Project management | | | | | | | |  | | | | | | | Fundraising/sponsor development | | | | | | | | | | | | | |  | | | | | | | | |
| Public relations | | | | | | | |  | | | | | | | Social media | | | | | | | | | | | | | |  | | | | | | | | |
| People leadership | | | | | | | |  | | | | | | | Other (please specify) | | | | | | | | | | | | | |  | | | | | | | | |
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| Previous Involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any past or present involvement (volunteer work; committee work; board position, etc.) with GV ASTD or National ASTD. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any past or present involvement (volunteer work; committee work; board position, etc.) with other professional and/or non-profit organizations. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are interested in being considered for future board positions, please provide three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | | | Relationship: | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | Email : | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | Relationship: | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | Email : | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | Relationship: | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | Email : | | | | | | | | | | | | | | | | | | | |
| Current Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
| Job Title: | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Responsibilities: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please submit a copy of your current resume with your application.Please submit your completed form to kelli.loveless@gvastd.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I understand that my application will be confidentially reviewed by the GV ASTD Board of Directors and officer nominating committee. Initial here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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