

Louisiana SHRM

Volunteer Interest Form

Name:		Date:	
Title:		Certification(s):	
Company:			
Work Address:		City:	State:
Zip:			
Work Phone:	Cell Phone:	Preferred Email:	
How long have you been a member of a local chapter?		SHRM Member:	
Years: _____	Chapter: _____	Yes ; Year Joined _____	No

Volunteer Committee Interest

Please prioritize desired volunteer positions (1st, 2nd and 3rd choice if applicable).

____ Assistant State Director
 _____ Secretary/Treasurer
 _____ Membership
 _____ District Director

Professional Development
 College Relations
 Diversity
 Certification
 State Conference

SHRM Foundation
 Communications
 Workforce Readiness
 Legislative Issues
 Professional Development

What interests you about the position(s) for which you are volunteering?

Please describe your professional strengths or areas of expertise and how they will contribute to the enhancement of Louisiana SHRM.

Volunteer Experience

Please list previous positions within Local Chapter, State Council, and/or SHRM or any other volunteer organization. (most recent first). Add additional sheets if necessary.

Position: _____ Organization _____ Start / End Date: _____

Position: _____ Organization _____ Start / End Date: _____

Position: _____ Organization _____ Start / End Date: _____

Volunteer Commitment

Being a volunteer requires a commitment of time by the volunteer and his/her employer.

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|--|-----|----|
| 1. Does your company support Louisiana SHRM volunteer time and commitment? | Yes | No |
| 2. Does your company cover travel cost for your volunteer commitment? | Yes | No |

Please accept my interest form for the selected committees. I understand the commitment required by the Louisiana SHRM 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 email form to:
Louisianashrm@gmail.com