

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 | Professional Development | SHRM Foundation |
| Secretary/Treasurer | College Relations | Communications |
| Membership | Diversity | Workforce Readiness |
| District Director | Certification | Legislative Issues |
| | State Conference | 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.

- | | | |
|--|-----|----|
| 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