



BOARD OF DIRECTORS APPLICATION

Date: _____

Please type or print

I would like to serve on the WHPRMS Board of Directors in the following position:

- President Elect
- Treasurer
- Education Co-chair
- Social Media Chair
- Secretary
- Communications Review Co-chair
- Membership Chair
- District Representative

Name: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Section 1: Employment

Current Employer: _____

Title: _____ Years at organization: _____

Responsibilities: _____

Work phone: _____ Work email: _____

Preferred method of contact: Work Home

Section 2: Volunteer

Membership/affiliations other than WHPRMS (please list organization/role/dates):

Leadership positions held other than WHPRMS:

Professional awards/honors received:

Service awards/honors received:

Past WHPRMS involvement (please list committee assignments, special projects, etc.):

Member of WHPRMS since: _____

Section 3: Education

What is the highest level of education you have completed?

- | | |
|--|--|
| <input type="checkbox"/> High School | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> Technical College | <input type="checkbox"/> Postgraduate Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Degree(s) Earned: _____ |

Section 4: Personal

What qualities and skills would you contribute to the WHPRMS board?

Areas of expertise (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Management | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership Development |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Webinar Development | <input type="checkbox"/> Other _____ | |

Please provide details on any marked expertise below.

Are you able to commit to 6 board meetings/year (either in person or by phone)?

Yes No

Please supply three personal/professional references:

Name: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

Name: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

Name: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

Please attach a brief summary (not to exceed one page) as to why you would like to serve on the WHPRMS board of directors. All applications must include this summary to be considered.

I've read the bylaws on the WHPRMS website; am willing to serve pursuant to them and will accept the time obligations as a board member.

Signature

Date

Submit to:

Kathy Schultz - WHPRMS President

president@whprms.org