

Arkansas SHRM

Volunteer Interest Form

Name:		Date	
Title:		Certification(s):	
Company:			
Work Address (including City, State and 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)

- | | | |
|--|--|------------------------------------|
| Chapter Advocate thru State Director _____ | Workforce Readiness Director _____ | Social Media Director _____ |
| Secretary or Treasurer _____ | SHRM Foundation Director _____ | Young Professionals Director _____ |
| Government Affairs _____ | Diversity Director _____ | Blog Manager _____ |
| Professional Development _____ | College Relations Director _____ | Blog Contributor _____ |
| Core Leadership Director _____ | Certification Director _____ | State Conference Chair _____ |
| Communications & Awards Director _____ | Membership Engagement Director _____ | State Conference Cmte _____ |
| At-Large Director _____ | State Legislative Affairs Director _____ | Legislative Conference Chair _____ |
| General Legal Counsel _____ | Federal Legislative Affairs Director _____ | Legislative Conference Cmte _____ |

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 Arkansas SHRM.

Volunteer Experience

Please list previous positions within Local Chapter/State Council/SHRM or any other volunteer organization (most recent first)

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 ARSHRM 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 ARSHRM 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:
director_elect@arshrm.com