

# Volunteer Application

Full Name (Mr., Mrs., Ms.) \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

### Special Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Previous Volunteer Experience

Summarize your previous volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am looking for: (check all that apply)

- Local Involvement    
  National Involvement    
  Long Term Commitment    
  Short Term Commitment

Summarize your reasons for involvement in an SFM Committee.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Committee Involvement

I am interested in the following committee (please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Associate Member Action Committee (Associate Members Only)<br><input type="checkbox"/> Marketing Committee<br><input type="checkbox"/> Membership Committee<br><input type="checkbox"/> National Conference Planning Committee<br><input type="checkbox"/> Program/Educational Development Committee | <b>Women's Council Sub Committees</b><br><input type="checkbox"/> Women's Council Mentorship Committee<br><input type="checkbox"/> Women's Council Education Committee<br><input type="checkbox"/> Women's Resources and Alliances Committee |
|---|--|

Please submit your completed application to Vincenzo Nelli at [vnelli@ahint.com](mailto:vnelli@ahint.com) or by fax at (856) 439-0525.