

Partners of Wisconsin Hospital Association, Incorporated

CONFIDENTIAL PERSONAL PROFILE SHEET

Name _____ Date _____

Address _____

Home Phone _____ E-mail: _____

District _____ Healthcare Facility _____

How long have you been an auxilian/volunteer? _____

Have you held an elected office in your auxiliary/volunteer organization? _____

Have you been a District Chairman? _____

If yes, what office(s)? _____

Have you attended District Meetings? _____

Have you attended Partners Annual Meetings? _____

Please check your special interests:

Legislature _____ Outreach _____ Thrift Shop _____ Parliamentary Procedure _____

Orientation _____ Strategic _____ Convention _____ Recruitment/Retention _____

Education _____ Planning _____ Planning _____

Gift Shop _____ Bylaws/Policies _____ Other: _____

TELL US A LITTLE ABOUT YOURSELF

Are you retired? _____ Yes _____ No _____ Semi _____ If so, what did you retire from: _____

In that job, briefly describe your duties: _____

Special Skills: Secretarial _____ Accounting _____ Computer _____

Other _____

Hobbies _____

Talents _____

Experience in other organizations _____

Would you be interested on serving on the Local/District/State Board? (Please circle one or all) _____

Is there anyone in your facility or District that you would like to see considered for the Board?

Name _____ Healthcare Facility _____

Address _____ Phone _____

Why do you think this person should be considered for the Board?

(Use other side of this sheet if you need more space)

THANK YOU for taking the time to complete this form. Please return to:

