**Name: Date:**

**Address:**

**Phone #: Email:**

**District Name: Years of Service:**

**Local Organization Name:**

**Hobbies: Work Experience:**

**Volunteer Experience:**

**Leadership Experience:**

**Skills:** [ ]  Art/Crafts [ ]  Organizational Skills

 [ ]  Basic Computer (Microsoft) [ ]  Public Speaking

 [ ]  Budget Preparation [ ]  Writing

 [ ]  Leadership

**Interests:** [ ]  Bylaws [ ]  Project Development

 [ ]  Event Planning [ ]  Public Policy

 [ ]  Health Education [ ]  Strategic Planning

**Local Leadership Positions:**  [ ]  Chairperson [ ]  Treasurer

 [ ]  Chair Elect [ ]  Community Health Education Chair

 [ ]  Secretary [ ]  Public Policy Chai

**District Leadership Positions:**  [ ]  Chairperson [ ]  Treasurer

 [ ]  Chair Elect [ ]  Community Health Education Chair

 [ ]  Secretary [ ]  Public Policy Chair

**Return to:**

 *Title Name*

*Location/Address*

**IMPLEMENTATION PROCESS**

1. Post the volunteer interest form on the Partners of WHA website.
2. Make copies available at local/district/state meetings.
3. Include a copy of the volunteer interest form in New Volunteer Orientation packets (local).
4. Return completed forms to your local/district/state leader.
5. Local/district/state leaders to submit data (copies of the completed forms) to the Strategic Planning Committee (Sue Schuelke or Judy Jaggard) by February 1, 2022 to determine the measure of success in using the volunteer interest form.
6. The volunteer interest form and process will be reviewed by the Strategic Planning Committee in 2022, and revised as needed.