**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.