



VOLUNTEER INTEREST FORM

Name: _____ **Date:** _____

Address: _____

Phone #: _____ **Email:** _____

District Name: _____ **Years of Service:** _____

Local Organization Name: _____

Hobbies: _____

Work Experience: _____

Volunteer Experience: _____

Leadership Experience: _____

- Skills:**
- Art/Crafts
 - Basic Computer (Microsoft)
 - Budget Preparation
 - Leadership
 - Organizational Skills
 - Public Speaking
 - Writing

- Interests:**
- Bylaws
 - Event Planning
 - Health Education
 - Project Development
 - Public Policy
 - Strategic Planning

- Local Leadership Positions:**
- Chairperson
 - Chair Elect
 - Secretary
 - Treasurer
 - Community Health Education Chair
 - Public Policy Chair

- District Leadership Positions:**
- Chairperson
 - Chair Elect
 - Secretary
 - Treasurer
 - Community Health Education Chair
 - Public Policy Chair

Return to: _____

Title

Name

Location/Address



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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.