
HR Tampa Board of Directors

Application for Volunteer Position



Personal Data

Applicant name: _____ Date: _____

Address: _____

City _____ St _____ Zip _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ EMAIL: _____

Volunteer Work Requested

Position Desired (check all that you are interested in) _____ Committee Member _____ Ad Hoc Project _____
Director

Area of volunteer work desired: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> College Relations | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Legislative | <input type="checkbox"/> Technology/Web |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Workforce Readiness |
| <input type="checkbox"/> Education/Certification | <input type="checkbox"/> Membership | <input type="checkbox"/> Global Affairs |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Non-Dues Revenue (Sponsors) | |
| <input type="checkbox"/> Foundation/Charity | | |

Date you will be available to start volunteer work: _____ Commitment date till _____

Have you previously volunteered with our organization? _____ Yes _____ No

Are you currently able to meet the time commitment for the positions below?

Committee member time (varies but approx 5 hours/month) _____ Yes _____ No

Project Team member (varies but approx. 10-20 hours/project) _____ Yes _____ No

Board Position (12 mtgs, duties, & projects for approx. 10-20 hours/month) _____ Yes _____ No

Membership Data

HR Tampa Membership Type: Professional _____ Associate _____ Student _____ Other _____

Years as member of HR Tampa _____ # Years as member of other SHRM chapter _____

SHRM Membership Number: _____ Expiration: _____

Certifications (PHR, SPHR, GPHR, CEB, JD, etc.) _____

Years of Experience in the HR Profession, HR education, or legal arena: _____

Have you been convicted of a felony in the last 7 years? _____ Yes _____ No

How did you hear about volunteering with HR Tampa? _____

Current Employer

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Is your company aware and supportive of you becoming a volunteer and this role? ____ Yes ____ No

Other Boards, Leadership, or Committee Positions

Please list other volunteer positions previously or currently held both inside and outside of HR Tampa

Organization: _____ Position(s) held: _____

Dates held: _____ Reference Contact Name/Phone: _____

Organization: _____ Position(s) held: _____

Dates held: _____ Reference Contact Name/Phone: _____

Organization: _____ Position(s) held: _____

Dates held: _____ Reference Contact Name/Phone: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History & Other Active Memberships

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other Active Memberships: _____

References

List 2 business references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize HR Tampa to contact, obtain, and verify the accuracy of information contained in this application from all employers, educational institutions, and references. I also hereby release from liability HR Tampa and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of position, whenever it may be discovered.

I understand that it is the policy of this organization not to refuse to select or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to volunteer under these conditions.

Applicant signature: _____ Date: _____