

GREATER WOMEN'S BUSINESS COUNCIL COMMITTEE PARTICIPATION APPLICATION



NAME									
TITLE/POSITION									
ORGANIZATION NAME									
BUSINESS TYPE									
ADDRESS									
CITY				STATE			ZIP CODE		
EMAIL				ALTERNATE EMAIL					
MOBILE PHONE				WORK PHONE			OTHER PHONE		
CERTIFIED WBE				CORPORATE			OTHER		

COMMITTEE INTEREST

PLEASE INDICATE YOUR TOP 1-2 COMMITTEE(S) OF CHOICE; RANK YOUR TOP CHOICE(S) BY NUMBER.

For example, indicate "1" for your top choice; "2" second choice; and "3" for your third choice (if applicable).

CERTIFICATION		THE VOICE FORUM	
DIPLOMATS		PUBLIC POLICY	
EVENTS		AWARDS & RECOGNITION	
PROGRAMS		REVENUE GENERATION	
MENTOR PROTÉGÉ		TECHNOLOGY	

**WOULD YOU BE INTERESTED IN SERVING AS
A COMMITTEE CHAIR OR CO-CHAIR?**

- YES
 NO

AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY FOR SERVICE

1-5 HOURS PER MONTH		6-10 HOURS PER MONTH		11+ HOURS PER MONTH			
MORNINGS		AFTERNOONS		EVENINGS			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
PREFERENCES							

PREVIOUS VOLUNTEER EXPERIENCE & AREAS OF EXPERTISE

PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE AND SPECIAL SKILLS OR QUALIFICATIONS

SIGNATURE:

DATE:

Your typed name will suffice as your email signature

or save and email the completed application to committees@gwbc.org

Thank you for submitting your application. You will be notified of the next steps within two weeks.