

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 COMMITTEES OF CHOICE

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