

Committee Volunteer Application



Contact Information

Name			
Street Address			
City ST ZIP Code			
Cell Phone		Work Phone	
E-Mail Address			
Member Organization Name			

Interests

Tell us in which committees you would like to be considered for. (please rate your choices with 1 being your first choice)

- | | | |
|---|--|---|
| <input type="checkbox"/> Association Activities | <input type="checkbox"/> Government Relations Committee | <input type="checkbox"/> ASA Chapter Committee |
| <input type="checkbox"/> Auction Committee | <input type="checkbox"/> Membership & Services Committee | <input type="checkbox"/> SASA Chapter Committee |
| <input type="checkbox"/> Convention Committee | <input type="checkbox"/> Public Relations, Sales & Marketing | <input type="checkbox"/> GHSA Chapter Committee |
| <input type="checkbox"/> Design Contest Committee | <input type="checkbox"/> Raffle Committee | <input type="checkbox"/> GDFWSA Chapter Committee |
| <input type="checkbox"/> Education Employee Relations | <input type="checkbox"/> Safety & Standards | <input type="checkbox"/> WTSA Chapter Committee |
| <input type="checkbox"/> Golf Committee | <input type="checkbox"/> Insurance | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a committee member, I am agreeing to uphold all my committee responsibilities.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please submit your application to leona@txsigns.org or Fax to : 979-268-7501