



Application for SJSHRM Volunteer Position or Committee Volunteer Request

Position/Committee Applied For: _____ Date: _____

Are you willing to be appointed to a different position/committee than the one(s) you applied for? Yes No

The San Joaquin Society for Human Resource Management (SJSHRM) does not unlawfully discriminate based on race, religion, color, national origin, physical or mental disability, medical condition, sex, marital status, sexual orientation, gender identity, age, or any other basis prohibited by local, state, federal, or other applicable laws. Equal access to service on the Board is available to all persons. Those applicants/volunteers requiring reasonable accommodation for the application/nomination and/or interview process should notify a representative of the Executive Board. All positions are contingent upon successful election by the full membership. All committee appointments require approval of the Executive Board of the association.

Please print in ink or type

NAME: _____ Certification: _____ Years In HR: _____

ADDRESS: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____ BUS. PHONE: _____

Current Job Title: _____ Current Employer: _____

COMPLETED BY: SELF OTHER Name of Person: _____

AVAILABILITY - SJSHRM volunteer roles require a monthly commitment of time. Directors may require travel to events like quarterly State Council Meetings, conferences, and other position-dependent travel. Please indicate your availability below.

(Please Check All That Apply)

I am available 10 – 15 hrs/ month to volunteer/serve I am available to travel to CalSHRM events as needed (Director/Officer Positions Only) I am volunteering for a committee. No travel required

Briefly summarize why you are interested in volunteering for SJSHRM?

REFERENCES

List two references that are familiar with the quality of your HR activities and work or have worked directly with you as a SHRM member or other volunteer, and have known you at least two years. Please DO NOT list family members.

1. Volunteer Reference

Name _____ Relationship _____
Company _____ Work Phone _____
Address _____ Email _____

2. Volunteer Reference

Name _____ Relationship _____
Company _____ Work Phone _____
Address _____ Email _____



Full Name: _____
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VOLUNTEER SERVICE	<i>Chapter or Org Name, City & State</i>	<i>Positions Held, Years Volunteered</i>
SHRM Chapter	_____	Positions: _____ Years? _____
CalSHRM Council	_____	Positions: _____ Years? _____
Other Organization	_____	Positions: _____ Years? _____
Other Organization	_____	Positions: _____ Years? _____

GENERAL INFORMATION

- Have you previously applied for a position with SJSHRM or served on a committee?..... Yes No
- Are you a current SHRM National member? (ALL SJSHRM MEMBERS MUST BE SHRM Members) Yes No
- Are you able to provide the essential functions and execute the duties of the role?..... Yes No
- Have you ever been removed from a Board or volunteer organization?..... Yes No
- If Yes, Please Explain _____
- Do you have financial support from your employer to defray costs?..... Yes No
- If No, Please Explain _____
- Does your Employer support your time away from work to serve as a SHRM volunteer?..... Yes No
- If No, Please Explain _____

EMERGENCY INFORMATION

Person to notify in case of accident or emergency.

Name _____	Relationship _____
Email _____	Work Phone _____
Address _____	Cell Phone _____

SKILLS/QUALIFICATIONS

Summarize all volunteer experience, related training, skills, licenses, or other qualifications.



LEADERSHIP PERSPECTIVE & VISION FOR ROLE

The SJSHRM position or committee for which you you are applying requires leadership and a strategic perspective to be effective. Briefly describe what contributions, thought leadership and competencies you can bring to this role, specifically citing how you believe you can impact this functional area for SHRM, SJSHRM, and the HR profession within the county.

ACKNOWLEDGMENT/AUTHORIZATION

Authorization to Investigate. I understand that in connection with the application process, SJSHRM may request information from my past associations, educational institutions, personal references, and any public or private agencies that have issued me either a professional or certification credential or license. I also understand that such investigation may include a review of my volunteer service and current status with SHRM. I request, authorize, and consent to the release of any and all such information to SJSHRM with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to SJSHRM in good faith and without malice from any and all claims or liability of any type whatsoever.

Initials _____

Certification. I certify that all information provided by me in this application and/or subsequent interview(s) is true and complete to the best of my knowledge and that I have not knowingly withheld any information requested. I understand that in the event that I am elected or appointed by SJSHRM, I will be subject to possible removal under the Bylaws, if it is determined that any of the information I have provided is false or that I have failed to provide any information requested.

Initials _____

I represent and warrant that I have read and fully understand the foregoing, and that I seek election or appointment under these conditions and the bylaws of SJSHRM.

Signature of Volunteer Applicant

Date