

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	<input type="checkbox"/>	THE VOICE FORUM	<input type="checkbox"/>
DIPLOMATS	<input type="checkbox"/>	PUBLIC POLICY	<input type="checkbox"/>
EVENTS	<input type="checkbox"/>	AWARDS & RECOGNITION	<input type="checkbox"/>
PROGRAMS	<input type="checkbox"/>	REVENUE GENERATION	<input type="checkbox"/>
MENTOR PROTÉGÉ	<input type="checkbox"/>	TECHNOLOGY	<input type="checkbox"/>
Marketing Committee	<input type="checkbox"/>		<input type="checkbox"/>

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	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>	SATURDAY	<input type="checkbox"/>	SUNDAY	<input type="checkbox"/>
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

[Click here to submit your electronic application](#)

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.