

# Dallas Human Resource Management Association, Inc.

## *Volunteer Committee Interest Form*

Date:		Certification:	
Name:			
Title:		Company:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Email:	
Education/Training:			
How long have you been a Dallas HR Member?  _____ years		SHRM Member:  _____ Yes; If yes how long _____ No	
Member of Affiliate Chapter other than Dallas HR:  _____ Yes; If yes, what chapter _____ _____ No		Have you ever attended the HR SOUTHWEST Conference?  _____ Yes; If yes, how many years _____ _____ No	

### Volunteer Experience

*Please list previous positions within SHRM/Dallas HR/HR SOUTHWEST (list most recent first)*

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

### Volunteer Committee Interest

*Please use the committees listed on the attached page to prioritize desired volunteer positions.*

**Position:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If you need more room for any of the questions please attach additional pages.  
Feel free to attach any other additional information.**

## Volunteer Commitment

*Being a volunteer requires a serious commitment of time by the volunteer and his/her employer.*

1. Does your company support DHRMA, Inc. volunteer time and commitment?     \_\_\_ Yes     \_\_\_ No
2. What interests you about the position for which you are volunteering?
3. Please describe your professional strengths or areas of expertise and how they will contribute to the enhancement of a DHRMA, Inc Committee.
4. Please list other HR or industry positions you have held. Give an example of a past accomplishment that added value to the volunteer position you held?
5. What do you think DHRMA, Inc. can do to enhance the experience for its constituents?
6. Identify key issues facing DHRMA, Inc. in the next year. How would you address these issues?
7. Please share any other information, which you believe may help to determine your qualifications for the position for which you are applying.

Please accept my interest form for the selected committees. I understand the commitment required by DHRMA, Inc. to perform in the position I have chosen and agree to do so to the best of my ability should I be selected for the committee. I also understand that my signature below acknowledges that I will agree to abide by DHRMA's Code of Ethics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Please submit this form to:  
4100 Spring Valley Road, Ste 300  
Dallas, TX 75244  
214-631-4533 (Fax)