

OSEA Chapter 14 Committee Application Form

Check the committee for which you are applying:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Legislative (Political Action) |
| <input type="checkbox"/> Negotiations | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Social | <input type="checkbox"/> Other: _____ |

Full Name: _____

Current Position: _____

Current Location: _____

Email: _____

Phone number: _____

Have you served on a chapter committee before? Yes No

If yes, which chapter committee(s)? _____

Have you served on a state-level OSEA committee before? Yes No

If yes, which state-level OSEA committee(s)? _____

Why do you want to serve on this committee? _____

Which of your skills, qualifications, and/or attributes will you use to contribute to the success of this committee?

OSEA Chapter 14 Committee Application Form

Committee Chair Requirements: Chairs are expected to be reliable, have initiative, drive and a willingness to serve. Ability and willingness to provide clear written reports to the Executive Board and/or the Chapter.

Considering the above, are you willing to chair this committee? Yes No

If yes, why do you want to be the chair? _____

Are you willing to serve on any committee as needed? Yes No

Date submitted: _____

Applicant Signature: _____

This section is for office use only:

Is applicant a member in good standing? Yes No

Date verified: _____

Verified by: _____