

Committee Member Application



Contact Information

Name	
Street Address (Number/Street, City, Zip)	
Mobile Phone	
Secondary Phone	
E-Mail	
Current Employer & Job Title	

Availability

On an ongoing basis, when are you most or least likely to be available to serve? Rank likelihood of availability from 1 (not available) to 5 (almost always available)

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

For which committee or volunteer position are you applying

:

<input type="checkbox"/> Production Committee	<input type="checkbox"/> Membership Services Committee
<input type="checkbox"/> Artistic Committee	<input type="checkbox"/> Front Door Operations
<input type="checkbox"/> Volunteer Committee	<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Nominating Committee	
<input type="checkbox"/> Marketing Committee	<input type="checkbox"/> Event Planner
<input type="checkbox"/> Show usher/volunteer	<input type="checkbox"/> Dance Troupe
<input type="checkbox"/> Music Librarian	<input type="checkbox"/> Other:
<input type="checkbox"/> Rehearsal Monitor/Assistant	

Skills Summary

Summarize the skills and qualifications you want to use in volunteering for the AGMC.

Previous Experience

Describe your previous experience working in a non-profit setting.

Vision

In your own words, describe what you understand as the vision, purpose, goals for the AGMC and how your selected volunteer position will contribute to that vision.

Agreement and Signature

___ I am willing to support and advance the mission of the AGMC. (AGMC Bylaws, Article III, Section 1)

___ I understand that committee members must be members of the AGMC and pay the \$25 annual membership dues.

After submission of your application you will be contacted by either a member of the nominating committee or the chair of the committee you wish to serve on for conversation regarding the committee responsibilities, schedule, and your fit within the committee.

Name (Printed)	
Signature (e-signature)	
Date	

Email completed application to volunteer@austingaymenschorus.org.

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 service to the Austin Gay Men's Chorus.