



Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Personal Email: _____

Business/Corporation Name: _____

Your Title: _____

Type of Business or Organization: _____

Primary service(s) and area/population served: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Preferred Method of Communication: (Please circle all that apply). Work: Email Phone Home: Email Phone

Volunteer Work

Please list Boards and Committees you serve on, or have served on (Including Business, Civic, Fraternal, Political, Professional, Recreational, Nonprofit, Religious or Social).

Table with 3 columns: ORGANIZATION, ROLE/TITLE, DATES OF SERVICE. Multiple rows for listing volunteer work.

Skills, Experience & Interests

How can the MN Chapter Board improve its impact on the Minnesota HD community?

Explain what steps you think the MN Chapter Board needs to take to achieve the goal(s) you've listed above.

What tasks or steps listed above are you willing commit to in order to helping the MN Chapter achieve its goals?

Check any of the following skills that you can offer:

- Finance, Accounting
- Administration/Management
- Nonprofit Experience
- Community service
- Education Instruction
- Advocacy/Outreach
- Fundraising/Development
- Special Event Planning
- Public Relations/Marketing
- Caregiving
- Other: _____
- Other: _____

Please list any groups, organizations or businesses that where you could serve as a liaison on behalf of the HDSA-Minnesota Chapter.

Please tell us anything else you would like to share.
