



Application for Hampton Roads SHRM 2023 Board of Directors

Thank you for your interest in the Hampton Roads SHRM Board of Directors. Please provide the following information and include anything that would assist in evaluating your application for the particular Board position(s) of interest. Email this completed application to rwoodring@hrshrm.org.

Last name: _____ First name: _____

Contact phone number: _____ Email: _____

Referred by: _____

Board position(s) of interest:

1. _____ 2. _____

Professional certification(s) held: SHRM-CP SHRM-SPC SPHR PHR Other: _____

Number of years in HR Field: _____

SHRM National Member? Yes No If Yes, How Long? _____ SHRM ID# _____

Affiliated w/Hampton Roads SHRM? Yes No If Yes, How Long? _____

Other HR-related organizations: _____

Previous Board position(s) held or Committee(s) served on with HRSHRM:

Board position/Committee(s) _____ Dates: ____/____/____ to ____/____/____

Previous Board position(s) held or Committee(s) served on with other SHRM chapters:

SHRM Chapter Name: _____

Board position/Committee(s): _____ Dates: ____/____/____ to ____/____/____

Previous Board position(s) held or Committee(s) served on with other volunteer organizations (attach additional sheet if necessary):

Name of Organization: _____

Board position/Committee(s): _____ Dates: ____/____/____ to ____/____/____

Educational Background

Name of school (highest level completed): _____

Course of study/degree or diploma: _____

Employment History (begin with most recent employer, attach additional sheets or resumé if necessary)

Company name: _____ Position: _____

Employment dates: from ____/____/____ to ____/____/____

Relevant Skills (professional, training, volunteer work, software or other applicable experience)

I certify that the information given in this application and any attachments is accurate to the best of my knowledge. I understand that any deliberate omission or misrepresentation of information in this application may result in refusal or termination of participation on the Board of Directors of Hampton Roads SHRM. I understand that the Hampton Roads SHRM may verify my stated certification(s), membership status, qualifications with previous employers and educational institutions named in this application. If needed, I will provide authorization to release information to the Hampton Roads SHRM.

If elected, I understand that this is a volunteer position and do not expect any compensation for services provided to the Hampton Roads SHRM. In addition, I also understand that I will be required to attend monthly board meetings and provide monthly reports and updates as requested.

If elected, I agree to comply with the Bylaws and Code of Ethics set forth and communicated to the members of the Hampton Roads SHRM.

Signature of applicant: _____ Date: ____/____/____

HRSHRM Nominating Committee use only

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|---|----------------------|
| <input type="checkbox"/> Application received | Date: ____/____/____ |
| Actions taken: | |
| <input type="checkbox"/> Eligible, notified | Date: ____/____/____ |
| <input type="checkbox"/> Not eligible, notified | Date: ____/____/____ |
| <input type="checkbox"/> Not interviewed* | Date: ____/____/____ |
| <input type="checkbox"/> Interviewed, not nominated | Date: ____/____/____ |
| <input type="checkbox"/> Interviewed, nominated | Date: ____/____/____ |

*Comments: