



Virginia Association of Healthcare Auxiliaries and Volunteers
Capital • Hampton Roads • Northern • Piedmont • Southwestern

VAHAV SKILLS BANK

HOSPITAL: _____ VAHAV DISTRICT: _____

NAME: _____ PHONE: _____

HOME ADDRESS: _____

CURRENT OFFICE AND/OR SERVICE WORK _____

PAST ORGANIZATIONAL EXPERIENCE & EXPERTISE: _____

FAMILY: _____

HOME & COMMUNITY INTERESTS: _____

HOBBIES, TALELNTS & EXPERTISE: _____

***REMEMBER PLEASE: AUXILIANS AND THEIR ORGANIZATION CONTINUE TO GROW
THROUGH EXPERIENCE AND INVOLVEMENT!!!***

1. WOULD YOU BE WILLING TO SHARE YOUR EXPERIENCE/EXPERTISE AT A STATE MEETING? YES__ NO__
IF YES, WITH A () LARGE GROUP? () WORKSHOP? () DISTRICT MEETING?

2. WOULD YOU CONSIDER A POSITION ON THE:
VAHAV DISTRICT BOARD? () YES () NO
VAHAV BOARD OF DIRECTORS? () YES () NO

MY SPECIAL INTEREST IS _____ COMMITTEE.

COMMENTS: _____

COMMENTS CONTNUED _____

PLEASE RETURN THIS FORM AS FOLLOWS:
ONE COPY TO: VAHAV PRESIDENT
ONE COPY TO: DISTRICT CHAIRMAN

SIGNED: _____

DATED: _____