

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

## Skills Summary

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

## 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 CCMC 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 CCMC. (CCMC Bylaws, Article III, Section 1)

\_\_\_\_ I understand that committee members must be members of the CCMC 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	
Date	

## 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 CCMC.**

You can email this signed form to:  
volunteer@ccmcaustin.org

or mail to:  
Capital City Men's Chorus  
P.O. Box 50082  
Austin, Texas 78763-0082

If you mail, please send us an email to let us know.