

**Georgia Organization of Mothers of Multiples, Inc**  
*Office: 204 Margaret Boykin Rd, Odum, GA 31555*  
*www.gomomc@Hotmail.com*

**Volunteer Form**

**Instructions:** Please return this form to the GOMOM Office via email or mail. Copies of this form and Job Descriptions are available from your clubs President/State Representative or the GOMOM office. Applications must be postmarked by April 15<sup>th</sup>.

If seeking an Elected Position you may only run for one office. If seeking an Appointed Position please indicate your choice of position(s) in order of preference (i.e. 1, 2, 3, etc.). A brief statement of why you seek a State Worker position, as well as samples of work related to the preferred position is permitted.

**Board of Directors (Elected Position)**

**President** \_\_\_\_\_      **Vice President** \_\_\_\_\_      **Secretary** \_\_\_\_\_  
**Treasurer** \_\_\_\_\_      **Advisor** \_\_\_\_\_      **Parliamentarian** \_\_\_\_\_

**Committee Chairs (Elected Position)**

**Membership Chair** \_\_\_\_\_      **Newsletter Editor** \_\_\_\_\_      **Webpage Master** \_\_\_\_\_  
**Meeting Planner** \_\_\_\_\_      **Historian** \_\_\_\_\_      **Nominating Chairman** \_\_\_\_\_

**State Workers (Appointed Positions by Board of Directors)**

<b>Membership Department</b> Membership Committee _____	<b>Finance Department</b> Fundraising _____
<b>Education Department</b> Assistant Editor _____ Club Resource Coordinator _____ Feature Writer _____	<b>Publicity Department</b> Publicity _____ Assistant Webmaster _____
<b>Nominating</b> Nominating Committee _____	<b>Other</b> Assist Where Needed _____

**Consent to Serve:** *If either elected or appointed, I agree to actively serve as a State Worker, to be objective in my consideration of policy issues, and to represent the best interests of the entire membership at all times. I agree to fully participate in my assigned duties to the best of my ability and to promote the goals and objectives of GOMOM.*

*I certify that I have the full support of my family and/or employer in regard to the responsibilities of the position I am seeking and that there is nothing in my health or personal affairs to prevent me from devoting the required time to perform the duties of this position.*

Date: \_\_\_\_\_      Signature: \_\_\_\_\_

**Personal Data**

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Do you have Internet access? \_\_\_\_\_

Email Address: \_\_\_\_\_

Member in Good Standing of (club Name): \_\_\_\_\_

**Experience**

*Please use reverse for more space if necessary*

**Local Offices/Experience** \_\_\_\_\_

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**NOMOTC Offices/Experience** \_\_\_\_\_

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**Education or Training** \_\_\_\_\_

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**Additional Information** (if applicable – community, leadership or volunteer activities as well as awards/honors, related hobbies)

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Are you planning on attending the October 13, 2007 meeting in Savannah? Yes\_\_ No\_\_  
Subsequent planned meetings TBA? (Bi- Annual) Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_