



2021 AHVRP President-Elect, Advisory Board Member and
Committee on Nominations Application

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Application

Once you have completed the submission process, **please remember to upload your resume in question# 13 and headshot in question 14. Resume file should be a DOC or PDF and headshot file can be PNG or JPG.**

Your **resume** should include the following:

- **Name, city, state, email address and primary phone#** where you can be reached between Monday-Friday, 9am-4pm (CT)
- **Summary of accomplishments**
- **Education** including degree and concentration, awarding academic institutions (please do not include award year) and supplemental courses relevant to the profession
- **Experience:** work as a healthcare volunteer resource professional, tenure, organization name, city, state, responsibilities and key accomplishments
- **Committee experience with AHVRP:** tenure, which committee, your role and accomplishments
- **Chapter experience:** tenure, which chapter, your role and accomplishments
- **Other non-profit experience as a volunteer:** tenure, organization, role and accomplishments
- **Professional memberships:** organization and years of membership
- **Professional credentials:** name of credential, organization, date credential was issued
- **Publications:** published by a third party; title of publication and short description; should not include blog posts
- **Presentations:** may include training sessions, chapter presentation, conference presentations, non-profit presentation, pod cast and or webinars
- **Awards:** any award at the local, state, national level; can be related or non-related to healthcare volunteer resources.

*** 1. Please select the position you wish to be considered for:**

- President-Elect (required to have served at least two years on AHVRP's Board by December 31, 2020, current board member or a board member within the last five years), three year term, President Elect, Jan. 1 to Dec. 31, 2021, President, Jan. 1 to Dec. 31, 2022 and Past President, Jan. 1-Dec. 31, 2023
- Advisory Board Member, Jan. 1, 2021 to Dec. 31, 2023
- Committee on Nominations member, Jan. 1-Dec. 31, 2021

*** 2. THIS INFORMATION WILL BE USED DURING THE VETTING PROCESS. Only your name, organization, city and state would appear on the slate.**

Name:

Title:

Organization:

Address:

City, State, Zip:

Work Phone:

Home Phone:

Email:

CAVS#:

*** 3. Enter your supervisor's contact information; this person may be contacted during the vetting process.**

If selected for the slate, your supervisor will be required to sign a letter of acknowledgement and support provided by AHVRP, listing the position's commitments, prior to being included on the slate.

Name:

Title:

Organization:

Address:

City, State, Zip:

Work Phone:

Email Address:

*** 4. I am interested in being a candidate for this role because.... (250 words or less)**

* 5. How will you support the AHVRP Mission, vision, values and strategic plan? (250 words or less)

* 6. What is your greatest attribute as a healthcare volunteer resource leader/retail leader which you will share with AHVRP? (250 words or less)

* 7. How have you grown personally and professionally since joining AHVRP? (250 words or less)

* 8. How have your contributed to AHVRP and the profession? (250 words or less)

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AHVRP ENGAGEMENT

9. How many AHVRP Annual Conferences have you attended?

- 1
 2-5
 6-10
 11 or more
 None

10. AHVRP provides a number of educational courses throughout the year including:

- Webinars/audio conferences
- Principles Course
- Pre-conference intensive session
- Annual Conference

Please describe which of the above you most value and why (250 words or less).



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REFERENCES: Please notify your references they may be contacted by the 2019 AHVRP CON.

*** 11. Enter a Professional Reference (this person should not be your supervisor; this person should have first had knowledge of your work within your healthcare organization and within healthcare volunteerism):**

Name:

Title:

Organization:

Address:

City, State, Zip code:

Phone:

Email:

of years known as a colleague

*** 12. I attest that the information I will submit in my resume under Question#19 is complete and accurate.**

First Name:

Last Name:

Date:

13. Submit your resume here.

No file
chosen

14. Submit your professional head shot here. The submitted image should contain only your image.

No file
chosen



Advancing the Patient Experience through Volunteer Management

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Thank you!

Thank you for submitting your information. Once you hit the SUBMIT button, you will be unable to change information in your nomination. This is your confirmation you have completed the process.