

VBCCO Committee Member Application

Virginia Beach Council of Civic Organizations

Fill in this form on your computer, save it, and email it to volunteerchair@vbcco.org. You can also apply online at www.vbcco.org/volunteer/committee-member-application/.

1. Applicant Information

Name

Address

City

State

ZIP Code

Phone Number

Email Address

Your Civic League

Please select one:

- ☐ My Civic League is a member of the VBCCO.
- ☐ I am an Individual Member of the VBCCO.
- ☐ I am not a member yet.

2. Committee Interests

What committee(s) are you most interested in? (Please check all that apply)

- | | |
|---|--|
| ☐ Communications: Correspondents/reporters | ☐ Education: Civic League Workshop Series |
| ☐ Communications: Mailchimp/Email | ☐ Membership: Database Management |
| ☐ Communications: Marketing/Civic Engagement | ☐ Membership: Member Outreach |
| ☐ Communications: Social Media | ☐ Programs & Events: Guest Speakers |
| ☐ Communications: Website | ☐ Programs & Events: Venues |
| ☐ Communications: Public Speaking | ☐ Volunteers: Onboarding |
| ☐ Education: VBCCO Academy | ☐ Volunteers: Outreach |
| ☐ Education: Best Practices | ☐ Not sure, match me |

Why are you interested in volunteering for the VBCCO?

What interests you about the committee(s) you checked?

3. Experience

What skills or experience do you bring to this role?

Have you done this kind of work before, as a volunteer, at work, or in your civic league? If yes, please describe.

Do you have any previous experience with city government or are you interested in obtaining a role within city government? (If yes, please explain.)

4. Working on a Committee

Committee members work as part of a team under the direction of the Committee Chair. Expected time: about 3 to 5 hours per week.

Are you comfortable taking direction from the Committee Chair and working as part of a team?

☐ Yes

☐ No

Is there anything we should know about your availability?

5. Availability for Interview

Days Available

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours Available

☐ Morning ☐ Afternoon ☐ Evening

6. References

Reference 1: Name

Phone

Email

Reference 2: Name

Phone

Email

7. Signature

I affirm that the information provided is accurate to the best of my knowledge. I understand that as a volunteer, I am representing VBCCO and will uphold its values of respect, cooperation, and community service.

Affirmation

☐ I affirm the statement above

Signature (type your full name)

Date

Please email this completed application to: volunteerchair@vbcco.org.