

Federation Volunteer Form

Just like you at the local level, OFHSA is in need of people to help out with projects and workgroups. The work the Federation does is challenging, interesting, always stimulating and makes a difference. More information can be found in the OFHSA Workgroups brochure on our website under the Resources & Forms section, 'For Members' tab.

1. Which OFHSA Workgroups would you be interested in participating in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Parent Communications | <input type="checkbox"/> Conference Planning |
| <input type="checkbox"/> Corporate Sponsorship | <input type="checkbox"/> Education Advocacy | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Leadership | <input type="checkbox"/> Member-at-Large |
| <input type="checkbox"/> Parent Outreach/Membership | <input type="checkbox"/> <i>OFHSA Bulletin</i> | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Parent Resources | <input type="checkbox"/> Policy | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Health, Safety and Social Issues | | |

2. Do you have expertise that would benefit OFHSA in the following areas?

- | | | |
|--|--|--|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Publicity and Marketing | <input type="checkbox"/> Policy and Procedures |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Social Media | <input type="checkbox"/> Administration/Communications |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Keynote / Presenter | <input type="checkbox"/> Charities | <input type="checkbox"/> |

3. Other suggestions or areas where your expertise could assist the Federation?

Please complete the information below and mail this form to OFHSA (51 Stuart St., Hamilton ON L8L 1B5) or scan and e-mail to info@ofhsa.on.ca and you will be contacted shortly.

Name: _____

Association: _____

E-mail: _____

Phone number: _____

By providing your e-mail address and phone number, you give consent to OFHSA to contact you for the above purposes. OFHSA shall not use, retain or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual. OFHSA may contact you directly using the e-mail address or phone number.