

I want to volunteer for IEBCH!



IEBCH CHAPTER POSITIONS

Please select one or more volunteer positions where you would like to participate in IEBCH.

*Positions that typically require a committee

Please indicate if you would be interested in a chair or committee member position.

Position descriptions available upon request • The BCH mission emphasizes those positions in ***bold italics***.

BOARD POSITIONS:

ELECTED

- President
- Vice President
- State Director (2 year term)
- Alt. State Director (2 year term)
- Secretary
- Treasurer
- Board Member at Large (2)

APPOINTED

- *Education***
 - Member Chair
- Legislative***
- Membership
- Newsletter
- Publicity
- *Trail boss/Rides
 - Member Chair
- *Trail Boss/Work Parties***
 - Member Chair
- Liaison to Land Managers

<u>ADDITIONAL POSITIONS:</u>	<i>Select one</i>	
	<u>Chair</u>	<u>Member</u>
<input type="radio"/> *Audit		
<input type="radio"/> *Auction (at Christmas party)		
<input type="radio"/> *Awards & Recognition		
<input type="radio"/> *Christmas party		
<input type="radio"/> *Corporate Contacts for Chapter Support		
<input type="radio"/> Database Management		
<input type="radio"/> *Distribution (fliers, maps, poker ride, etc.)		
<input type="radio"/> IEBCH Store		
<input type="radio"/> *Liaison to Recreation Groups		
<input type="radio"/> Library		
<input type="radio"/> Meeting, Greeter/Name Tags		
<input type="radio"/> Meeting, Invited Guests & Dignitaries		
<input type="radio"/> Meeting, Programs		
<input type="radio"/> Meeting, Refreshments		
<input type="radio"/> Newsletter/Web ads		
<input type="radio"/> Newsletter Publisher		
<input type="radio"/> *Poker Ride		
<input type="radio"/> Social		
<input type="radio"/> *State Parks Map Sales		
<input type="radio"/> Volunteer Hours		
<input type="radio"/> Web Master		

RECOMMENDED TRAINING opportunities available to all IEBCH members; please indicate your interest:

- LEAVE NO TRACE (LNT)
- FIRST AID/SURVIVAL
- CHAINSAW TRAINING & CERTIFICATION

Print Your Name _____ Phone# (_____) _____ - _____

Email _____ @ _____ . _____ Date _____ / _____ / 20____

Please return this form to:

Aline Cook at 1014 E 32nd Ave Spokane, WA 99203 or at any membership meeting.