

APPLICATION FOR COMMITTEE CHAIR

Please Print using ink:

Name: _____

Address _____

City _____ Zip _____

Phone _____ Cell Phone _____

Email _____

School you attend: _____

What year in school next year? _____

Years in IRL/MUN _____

Countries you have represented _____

Other school activities _____

Offices held in school _____

Job Experience _____

In a few words explain why you would like to be a

committee chair: _____

Do you have job: _____ What _____ Hrs per week _____

CONTRACT FOR COMMITTEE CHAIR:

As an applicant for a committee chair position I agree to attend the leadership training programs as designated, two or three credentials sessions and the spring conference. Further, I agree to keep open lines of communication between myself and the officers and leaders of the OHS-IRL-MUN.

Applicant Signature _____

Fax to 541-476-0694 or bring filled out to the conference, and turn into OPI.