CSHP Saskatchewan Branch Volunteer Application Form

Once complete, please submit this form by email to: [president.sk@cshp.ca](mailto:president.sk@cshp.ca)

|  |  |
| --- | --- |
| Name of Applicant: | CSHP Member/Supporter (check) |
| Job Title |  |
| Site of Employment |  |
|  |  |
| Phone |  |
| Email |  |
|  |  |
| Signature of Applicant: | Date: |
| Name of Nominator: | CSHP Member/Supporter (check) |
|  |  |
| Phone |  |
| Email |  |
| Signature of Nominator: | Date: |

Please indicate which position(s) you are interested in (may select more than one):  
Council Members\* Non-council Members

President Elect  Fundraising Coordinator  
 Treasurer  Awards Committee member  
 Secretary  Communications/PAM Committee member

Branch Delegate  PostScript Editor(s)

Awards Chair  Educational Services Committee member

Communications Chair(s)  PAS Conference Committee CSHP Rep

Educational Services Chair(s)  Banff Seminar SK Rep

Small Hospitals Representative(s)  Finance Committee member   
 Advocacy Representative

PAS Liaison

Pharmacy Technician Representative

\**All council positions are 2 years minimum, 6 years max (except President Elect which is 3 years)*

When you are available?

Immediately  After this date:       .

Please describe specific skills and/or previous experience that make you a suitable candidate:

***[More information may be attached – electronic format (e.g. Microsoft Word) preferred]***