



# New York State Organization Of Mothers Of Twins Clubs

## RESUME FORM & QUESTIONNAIRE

This form is to be completed or updated for consideration as an officer, chairman or committee member.

**CHECK ONE:**

\_\_\_\_\_ I am now serving on the board OR have done so in the past three years.

\_\_\_\_\_ I have never served on the board OR have been inactive for more than 3 years.

**PLEASE TYPE OR PRINT CLEARLY**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Husband's Name)

ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF STATE MEMBER CLUB: \_\_\_\_\_

CURRENT NYSOMOTC POSITION \_\_\_\_\_

ARE YOU INTERESTED IN CONTINUING THIS POSITION FOR ANOTHER YEAR? YES \_\_\_\_ NO \_\_\_\_

**INDICATE THE POSITIONS FOR WHICH YOU WANT TO BE CONSIDERED:**

(If more than one, please indicate your choice by number 1, 2, 3, etc.)

- President \* \_\_\_\_\_  
*(\*Must have held a NYSOMOTC board position term prior to be considered for this position.)*
- Vice President \_\_\_\_\_
- Recording Secretary \_\_\_\_\_
- Treasurer \_\_\_\_\_
- Parliamentarian \_\_\_\_\_
- Advisor \_\_\_\_\_
- Archivist \_\_\_\_\_
- Calligraphy \_\_\_\_\_
- Chaplain \_\_\_\_\_
- Club Banner Contest Chairman \_\_\_\_\_

- Editor \_\_\_\_\_
- Historian \_\_\_\_\_
- Librarian \_\_\_\_\_
- Marie Simmons Scholarship Fund*
- Chairman \_\_\_\_\_
- Committee Member \_\_\_\_\_  
(4+ 1 Alternate)
- Fundraiser Chairman \_\_\_\_\_
- Treasurer \_\_\_\_\_
- Membership Pins Chairman \_\_\_\_\_
- Midterm Meeting Chairman \_\_\_\_\_
- Newsletter Contest Chairman \_\_\_\_\_
- Nominating Chairman \_\_\_\_\_

State Chairman for \_\_\_\_\_ (year)

State Meeting Co-Chairman for \_\_\_\_\_ (year) with \_\_\_\_\_

**LIST YOUR PARTICIPATION IN THE FOLLOWING AREAS, OR UPDATE YOUR INFORMATION SINCE PREVIOUSLY SUBMITTING A RESUME:**

**LOCAL CLUB SERVICE AND DATES:**

OFFICES: \_\_\_\_\_  
\_\_\_\_\_

CHAIRMANSHIPS: \_\_\_\_\_  
\_\_\_\_\_

COMMITTEES: \_\_\_\_\_  
\_\_\_\_\_

**STATE ORGANIZATION SERVICE AND DATES:**

OFFICES: \_\_\_\_\_  
\_\_\_\_\_

CHAIRMANSHIPS: \_\_\_\_\_  
\_\_\_\_\_

COMMITTEES: \_\_\_\_\_  
\_\_\_\_\_

**NATIONAL ORGANIZATION SERVICE AND DATES:**

OFFICES: \_\_\_\_\_  
\_\_\_\_\_

CHAIRMANSHIPS: \_\_\_\_\_  
\_\_\_\_\_

COMMITTEES: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE BRIEFLY STATE YOUR REASONS FOR WANTING TO SERVE THE STATE ORGANIZATION, AND ANY RELEVANT EXPERIENCE YOU HAVE IN OTHER ORGANIZATIONS, PAID EMPLOYMENT OR VOLUNTEERISM.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, verify that the information entered on this form is correct and that I am a paid member and in good standing of the \_\_\_\_\_ [club's name] for the current year, \_\_\_\_\_  
Club President or Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**SEND COMPLETED RESUME FORM TO CURRENT NYSOMOTC NOMINATING CHAIRMAN.**