



# 2008-2009 CHAPTER BOARD SERVICE INTEREST QUESTIONNAIRE

Name: \_\_\_\_\_ Phone# : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Current FPRA Position (if any): \_\_\_\_\_

1. Are you interested in serving on the Board of Directors of the Dick Pope/Polk County Chapter for the 2009-2010 term?

Yes \_\_\_\_\_ No \_\_\_\_\_ Why or why not?

If not for the next year, would you be interested in serving in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, which office(s)?

President-elect \_\_\_\_\_ Secretary \_\_\_\_\_ Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

Local Image \_\_\_\_\_ Programs \_\_\_\_\_

Accreditation-Certification \_\_\_\_\_ Professional Dev. \_\_\_\_\_

Newsletter \_\_\_\_\_ Community Involvement \_\_\_\_\_

Communication \_\_\_\_\_ Membership \_\_\_\_\_

Website \_\_\_\_\_

3. Are there any offices that you would NOT be interested in holding either for the 2009-2010 term or in the future? \_\_\_\_\_

4. If you aren't interested in serving on the Board of Directors, would you be willing to serve on a president-appointed ad hoc committee? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If you are currently serving on the Board of Directors, please indicate:

a. How many board meetings you missed this year \_\_\_\_\_, previous years of service \_\_\_\_\_

b. How many chapter meetings you have missed this year \_\_\_\_\_, previous years of service \_\_\_\_\_

c. How long have you served on the Board of Directors?

6. If you are not currently serving on the Board of Directors, please indicate:
- a. How many chapter meetings you have missed this year \_\_\_\_\_, previous years of membership \_\_\_\_\_
7. Are you accredited or certified? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please circle: APR CPRC  
Are you accredited by other organizations?  
(List) \_\_\_\_\_
8. Do you have the support of your employer? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have the financial support of your employer (membership and any necessary travel expenses)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, are you able to make the financial commitment on your own? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Can you commit to attending all board and chapter meetings? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Can you make a short-term (1-2 years) or long-term (2-4 years) commitment to serve on the Board of Directors if asked? (Circle one)
12. Do you desire, if the opportunity presents itself, to move up the Board to the chapter presidency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you desire, if the opportunity presents itself in the future, to move up to the state board and executive committee? Yes \_\_\_\_\_ No \_\_\_\_\_
14. I have served on the following chapter committees: (list and give dates)
15. If nominated, will you agree to serve? Yes \_\_\_\_\_ No \_\_\_\_\_

**BIOGRAPHICAL DATA:** In order to facilitate the committee's process, biographical data is needed for the approval and balloting processes. Please attach a copy of your resume.

**PLEASE RETURN THIS SURVEY NO LATER THAN APRIL 21, 2008 TO:**

Becky Murphy  
External Public Relations and Marketing Communications Coordinator  
Lakeland Regional Medical Center  
PO Box 95448  
Lakeland, FL 33804  
Rebecca.Murphy@lrmc.com

OR FAX your response to 284-1979 to the attention of Becky Murphy

**QUESTIONS? CALL 688-1122, ext. 2298.**