

TORONTO CHAPTER

MEETING PROFESSIONALS INTERNATIONAL

MPI Toronto Chapter Volunteer Profile

Please submit your completed volunteer form to <u>office@mpitoronto.org</u> to ensure a volunteer position. You will be notified regarding your volunteer position - you will only be assigned **to one committee**, however, you may indicate multiple areas of interest.

Contact Information			
First Name			
Last Name			
Organization			
Membership Category			
Phone			
Email			
What skills, knowledge and strengths will you brir	ng to a volunteer po	sition?	
What skills/knowledge would you like to develop	2		
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Please identify the committees you are most inter	rested in (you will or	nly be assigned to one	committee)
Committee	Choice #1	Choice #2	Choice #3
Awards Gala			
CMP Study Group			
Communications			
Golf			
Holiday Gala (December)			
Member Care			
National Meetings Industry Day (April)			
Professional Development			
Signature Series			
Sponsorship			
Toronto Education Committee			
Assign me to any committee that needs help			

What is your goal within MPI Toronto Chapter, and why? (e.g. d	o you want to become a Chapter leader, etc.)		
On average, how many hours are you able to commit each month?	Are there certain times of the year that are busier than others for you? If yes, please specify		
Are you able to make a one year commitment?			