



Application to volunteer for PHRPS Interview Skills Workshops 2012

If you would like to facilitate an Interview Skills Workshop, please complete this form and email it to dshaw@academiesinc.org

Name _____ **Title** _____

Company Name & Address:

Numbers: Office: _____

Cell: _____ Optional

Fax: _____

E-mail: _____

Home:* _____ Emergency Contact Only

* Is PHRPS authorized to list your home number on the contact information sheet distributed to all volunteers for emergency contact only? ___ Yes ___ No

Name of Preferred Co-Facilitator: _____

Membership: ___ I am a PHRPS member ___ I am a PEBA Member

Experience: ___ I am an experienced Interview Skills Workshop facilitator.

___ I am an experienced Lead Facilitator for this workshop.

___ I am a new volunteer for the Interview Workshop.

___ I am comfortable and/or skilled in facilitating groups of 15-35 people.

___ I have prior experience with recruitment, interviewing, or hiring practices.

Please indicate 1-3 workshop dates that you are available to facilitate and return the excel spreadsheet with your application. We will attempt to honor your preferences as we match available facilitators to dates.