



Vermont Safety & Health Council Board Membership Application

Name	<input type="text"/>
Employer	<input type="text"/>
Job Title	<input type="text"/>
Email Address	<input type="text"/>
Primary phone #	<input type="text"/>

Please discuss why you would like to be a member of the Board.

Please describe your involvement with safety and health, in your company and/or within your community.

Please include any past and present professional affiliations at the local, state or national level. Describe your contributions to the organization(s), including your role(s), or committee(s) you served or led.

If you are selected as a Board member, will your employer support you in meeting the commitments outlined in the Board Membership Guidelines? (Explain if no)

Please share any other information about yourself and your experiences and background that you consider relevant to your application for Vermont Safety & Health Council Board Membership.

Once filled out, please email to Bob Davison: Bob.davison@pvc2.com