

# MISSION NYSRPS 2.0 Task Force Application

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Agency/Municipality: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Info: \_\_\_\_\_

## NEED TO LIST AVAILABLE TEAM / SIDEBAR ROLES/POSITIONS

\_\_\_\_ Fundraising \_\_\_\_ Program – Conferences \_\_\_\_ Program – Education/Certifications

\_\_\_\_ Finance \_\_\_\_ Membership – Professionals \_\_\_\_ Membership – Vendors/Entertainers

### Phase 2 – Anticipated to start Fall 2023/Early Winter 2024

\_\_\_\_ Social Media \_\_\_\_ Conference Committee \_\_\_\_ Webmaster \_\_\_\_ Newsletter

\_\_\_\_ Scholarships/Endowments/Sponsors \_\_\_\_ Special Events/Programs

*(Please Identify 1st - 2nd - 3rd choices)*

Briefly describe why you want to join the task force:

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Please describe what contributions you can bring to the task force:

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References: \_\_\_\_\_ - \_\_\_\_\_

I understand that I am being asked to commit a minimum of 75 minutes a week to focus on task force related items which I am able to give. I am aware that I am being asked to for 3-month commitment that can be extended if need or desire remains. \_\_\_\_\_ (initial please)

References: \_\_\_\_\_ - \_\_\_\_\_

Please return to any Task Force Team Leader, NYSRPS Board Member or Executive Director