

Application for Volunteer Position
As a Member of the County's Benefits Committee
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Name: Donna Colburn

Department: Extension Services

Title: Office Manager / Office Coordinator

Years of work for Williamson County: 4

Please explain what areas of expertise you would bring to the committee and why you desire this position (use an additional page, if needed):

As I was employed by Texas Guaranteed Student Loans, for 9 years, I was the person that our departmental staff of over 50 would come to when they had questions about insurance, benefits, leave, etc. If I didn't know the answer then I would contact our HR department. However, this made me knowledgeable about the current insurance benefits. Today, most of the time, employees would come and ask me questions about our benefits.

I am a member of the American Business Women's Association. I am the current treasurer and past vice-president of the Treaty Oak Chapter. I was the coordinator of the Brown Santa program for 6 years, assisted with the finances of this non-profit program. I was the president of the Williamson County Law Enforcement Spouses Association for 2 years.

I am a team player both in the workforce as well as outside activities. I know that this responsibility will affect all county employees including myself, both financially and medically and I am willing to take on this task.

I am currently enrolled in the county's health benefits medical plan, I am able to review agenda documentation and attend a minimum of 7 committee meetings. I have the ability to serve in a trustee/fiduciary capacity.

I humbly ask that you consider me for this volunteer position.

By signing this application, I affirm that I am committed to full participation in all Benefits Committee activities and to meeting the training requirements that must be completed within the first six (6) months of service should I be appointed to this volunteer position by the Commissioner's Court.

Signature of Applicant:

Date:



11/5/10

By signing this application, I affirm that I am approving my staff member's commitment to full participation in all Benefits Committee activities and to meeting the training requirements that must be completed within the first six (6) months of service should my staff member be appointed to this volunteer position by the Commissioner's Court.

Signature of Department Head or Elected Official:

Date:

