SAMPLE COMMITTEE CHAIR AGREEMENT

Mission
As the premier national and international organization for social workers in health care, we will empower members by providing access to evidence-based standards of practice, enhanced partnerships and collaboration, actionable support and education for direct care social workers, advocacy to inform local and national social policy and education for and connection with emerging and established leaders.

Vision
To be the leading professional organization for social workers in healthcare.

The SSWLHC _______ Committee is responsible for the policies, procedures, implementation and assessment of the Society’s _____ committee. This committee strives to further the Society’s mission by:

[Committee Mission]

The _________ Committee is comprised of seasoned health care social work leaders, meeting by phone on a monthly basis.

Criteria for Committee Chair/Co-Chair:
Committee Chair/Co-Chairs must have:
• An active membership, in good standing, with SSWLHC
• Relevant health care experience
• Experience/Interest in the respective committee focus.
• Served as an active conference committee member for 2 or more years
• Participated/Attended 2 or more Annual Meetings /Conferences

Committee Chair/Co-Chair must commit to:
• Uphold the mission, vision and core values of SSWLHC as it relates to my committee chair activities and responsibilities. http://sswlhc.org/welcome/sswlhc/
• Arrange and lead a minimum of quarterly committee calls
• Provide committee members and Board Liaison meeting minutes, to include task delegation/deadlines
• Participate in additional assignments outside of committee calls
• Minimum of monthly check-ins with Board Liaison to apprise of progress/concerns of committee
• Being Committee Chair for a minimum of 2 consecutive years (may submit one-time reapplication for position for additional 2 years)

Those interested in joining the Conference committee must submit a letter of position along with a resume.

______________________________________________________________________________________________

NAME DATE

SIGNATURE