# Membership Committee Description - Exhibit B WMCA Partnership Program

#### A. Purpose

- **1.** To identify the needs of all clerks and to establish a program to provide support and advice regarding the complex responsibilities of the clerk's office.
- **2.** To provide an opportunity for experienced clerks to share their knowledge of the dayto-day responsibilities and to exemplify the professionalism of the office.
- **3.** To develop a procedure whereby clerks requiring support and assistance are identified and paired with experienced clerks of similar population size, type of government, and geographic location whenever possible, who are willing to share and provide information and knowledge.

#### B. Policy

- **1.** The Membership Committee is assigned the task of coordinating the partnership assignments.
- **2.** The committee chair will appoint two (2) members of the Membership Committee to facilitate the Partnership Program.

#### C. Procedure

- 1. <u>Enrollment Form</u>
  - **a.** Publish information in the April, June, August, October, and January editions of the Executive Committee Monthly Reports describing the Partnership Program as well as the enrollment form which contains the current contact person for the Partnership Program.
  - **b.** The Membership Committee Chair will remain in constant contact with the WMCA Treasurer regarding new memberships, and will relay that information to the Partnership Program sub-chairs.
  - **c.** The sub-chairs will write directly to the new WMCA members inviting their participation in the Partnership Program.
  - **d.** The Membership Chair shall actively solicit and be aware of members who exhibit expertise and knowledge in specific areas and are available to assist WMCA members when needed.
- 2. <u>Pairing of Clerks</u>
  - **a.** The sub-chairs will use the following criteria for the individual assignments: types of government, population size, and geographic location whenever possible.
  - **b.** The sub-chairs will notify both the clerk requesting assistance and the clerk volunteering to provide assistance, advising them of this arrangement. Clerks volunteering are requested to contact the requesting clerk.

- c. Clerks volunteering to assist other members will contact either the sub-chairs or the Membership Committee Chair if they cannot continue offering assistance as a part of this program. Thus, clerks requesting assistance will be reassigned to another volunteer member.
- 3. <u>Membership Committee Chair</u>
  - **a.** The committee chair, on a regular basis, will contact the Partnership Program sub-chairs to see that the program goals and objectives are being met.
  - **b.** The committee chair will include in the quarterly report to the WMCA Executive Committee the current status of the Partnership Program.
- 4. <u>Recognition</u>
  - **a.** At the WMCA Annual Conference, a First Time Attendee's Event is held at which time recognition of the Clerks who have volunteered throughout the year as a part of the Partnership Program will be made.

#### **PARTNERSHIP PROGRAM**

If you are a "newly" appointed or elected Clerk and a member of the Washington Municipal Clerks Association (WMCA), the WMCA Partnership Program may be of interest to you. This program has been designed to support and assist clerks who are seeking guidance regarding the duties and responsibilities associated with their positions.

The program also offers "experienced" clerks an opportunity to assist other members of our profession by offering advice and guidance. You will be able to share the experience and knowledge you have gained through your years of service, pointing out the "dos" and "don'ts" and answering the "whys" along the way.

Clerks desirous of assistance are encouraged to complete the form below and mail or e-mail it. Upon receipt, you will be matched with an experienced clerk who is only a telephone call, fax or e-mail away.

If you've been a clerk for three or more years and are willing to make a commitment to help a clerk adjust to the duties of her/his position, or help with a specific issue, please complete and mail or e-mail the form below. Your name will be kept on file for matching with a clerk from a municipality of similar population and with the same type of duties. When a clerk match is made, you will be contacted quickly so you can offer your guidance.

Also, experienced clerks who have previously volunteered and who are interested in continuing in this role, please contact me so I am aware of your interest in continued participation. Clerks, who have a need for additional or continued assistance, should also contact me so I am aware of your interest.

If you have any questions or suggestions relating to the WMCA Partnership Program please feel free to call me.

Sincerely,

Name Title City/Committee		
I Request Assistance or would like to Vol unteer	in the "Partnership Program."	
Name N	/unicipality	
Address	Phone:	_
E-mail	County	
Date of Appointment/Election	Population	
Type of Gov't: Village Town City Coun		
Other Title or Positions Held		_
Briefly describe municipality		_
Please return to: Name & Address & Phone	& Fax & E-mail address	_

### **PARTNERSHIP PROGRAM**

#### Goals and Objectives:

To identify the needs of Clerks and to establish a program to provide support and advice regarding the complex responsibilities of their office. To provide an opportunity for experienced Municipal Clerks to share their knowledge of the day-to-day responsibilities of being Municipal Clerks and to exemplify the professionalism of the office.

#### **Requesting Clerk:**

Call when you are unsure how to proceed with a task. Contact an experienced Clerk whenever you need to. A personal visit isn't necessary but perhaps you can arrange to meet each other at a meeting or at the Annual Conference.

#### Volunteer Clerk:

Make your initial call soon. Call as needed, but if you can't help because you don't know the answer, feel free to refer the clerk requesting assistance to someone with a similar situation or other professional help. (Dept of Revenue, County Clerk, Elections, Auditor, etc.) Remind the clerk you are assisting about upcoming deadlines and upcoming events. Be aware of the phone expense for a clerk in a small municipality. You can send a lot with e-mail or a postage stamp. Inform the clerk of the WMCA website (www.wmcaclerks.org) and the Executive Committee Monthly Reports (sent by email).

#### **REQUESTING CLERK MATCH LETTER**

Date

Name Address

Dear\_\_\_\_:

The Washington Municipal Clerks Association (WMCA) recognizes the integral role a Clerk plays in the day-to-day operation of local government. All members of the WMCA want you to know that you are not alone as you learn the duties of the Clerk's Office.

The Partnership Program was established to match clerks needing assistance with experienced clerks to share materials and practical tips on the Clerk's responsibilities.

We are happy to inform you that \_\_\_\_\_Clerk of \_\_\_\_\_ (telephone #, e-mail address) has volunteered to assist you and she/he will be contacting you shortly to help you with your day-to-day questions. Your comments and suggestions for the Partnership Program are always welcome. If you have should have any questions, please do not hesitate to call.

Sincerely,

(Member) Phone #

Cc WMCA President

#### **VOLUNTEER CLERK MATCH LETTER**

Date

Name Address

Dear\_\_\_\_:

Thank you for volunteering to be part of the Washington Municipal Clerks Association Partnership Program. As you know, we try to match Clerks who have requested assistance with experienced Clerks from municipalities of similar size and types of government.

As we discussed, \_\_\_\_\_\_ Clerk of the \_\_\_\_\_has requested help of an experienced Clerk. Please give him/her a call at (phone #, e-mail address) in the next couple of days and introduce yourself. \_\_\_\_\_\_ has been Clerk since \_\_\_\_\_and is looking forward to hearing from you. Your efforts make a difference in raising the professionalism of Washington Municipal Clerks.

Thank you for caring and sharing!

Sincerely,

#### WELCOME AND INVITE LETTER

Date

Name Address

Dear\_\_\_\_:

Welcome to the Washington Municipal Clerks Association!

The Membership Committee of the Washington Municipal Clerks Association would like to invite you to participate in the Partnership Program sponsored by this Committee. Even though this program has been advertised in the Newsletter, we want to make sure we give a special invitation to as many Clerks as possible.

The objective of this program is to open an avenue for you to seek advice about the complex responsibilities of your office from an experienced Clerk with the same type of government and similar size municipality.

If you are interested in being a part of this program, please completed the enclosed form and return it to (Chair, Name, Municipality and Address) or e-mail at \_\_\_\_\_. We will then notify you who will assist you during the coming year. We look forward to hearing from you.

Sincerely,

#### **VOLUNTEER THANK YOU LETTER**

Date

Name Address

Dear\_\_\_\_:

On behalf of the Membership Committee, I would like to take a moment to thank you for participating in the Partnership Program. Whether you were teamed with a clerk in need of assistance or not, your willingness to volunteer your valuable time to help a member of the Association helps continue the strong WMCA network we have.

To keep our WMCA Directory updated, I ask that you take a minute to complete the enclosed form and return it before the deadline to the address listed.

Once again, thank you for volunteering for this program. If you have any suggestions or comments, please call either myself or one of the Committee members listed below.

List Committee members

Sincerely,

Membership Chair

## WASHINGTON MUNICIPAL CLERKS ASSOCIATION PARTNERSHIP PROGRAM

# \_\_\_\_ I am willing to continue as a volunteer in the WMCA Partnership Program

Name
Municipality
Address
Telephone
E-mail
Date of Appointment/Election
Population
Type of Gov't
County
Area(s) of expertise

#### \_\_\_\_ please remove my name as a volunteer

Please complete and return this form before \_\_\_\_\_\_to:

Name Address Phone