

MAWA

Montana Association of WIC Agencies

If you are interested in participating in the WIC Work Group, please fill out this questionnaire

NAME: _____ **WIC AGENCY:** _____

JOB TITLE: _____ **YEARS WITH WIC:** _____

Why are you interested in being in this work group?

What are a few of the areas you would like to work on?

Typically, this group meets quarterly, 2 times in person and 2 times remotely. Travel is covered by the State WIC office. Are you able to commit to attending these meetings?

Will your supervisor or program manager support your involvement time in this group?