

# MAWA

Montana Association of WIC Agencies

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**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?**