

2017-2019 BOARD OF DIRECTORS Application FORM

Nominee Name:

Nominee Club:

Nominee Address:

Nominee Phone Numbers:

Nominee Email:

Please describe your professional background and what relevant skills you may bring to the organization:

Please describe any previous Provincial Sport Organization or National Sport Organization board position that might be relevant to this position:

Please give a brief background of your experience in the sport of squash:

Please describe any other relevant experience that you may bring to the organization:

Nominee Acceptance

I hereby agree to be a nominee for the Squash Ontario Board of Directors and consent to serve in that capacity if elected. I confirm as of the date herein I am of 19 years of age or older and further agree to abide by the Conflict of Interest and Confidentiality policies of Squash Ontario and to submit a criminal credit check if required.

Print Name

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Signature

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This document must be completed in full in order to be considered by the Nominating Committee.