

EXECUTIVE COMMITTEE NOMINATION FORM

NOMINATION FORMS MUST BE SUBMITTED TO manitoulinpanthers@gmail.com BY 6:30 PM ON
APRIL 17TH, 2019.

NOMINATION FOR:

- PRESIDENT – 2 YEAR TERM (2019/2020 & 2020/2021 seasons)
- VICE – PRESIDENT – 1 YEAR TERM DUE TO RESIGNATION (2019/2020 season)
- SECRETARY – 2 YEAR TERM (2019/2020 & 2020/2021 seasons)
- REGISTRAR – 1 YEAR TERM (2019/2020 season)
- ICE SCHEDULER – 1 YEAR TERM (2019/2020 season)
- DEVELOPMENT DIRECTOR – 1 YEAR TERM (2019/2020 season)
- EVENTS, PUBLICITY & FUNDRAISING DIRECTOR – 1 YEAR TERM (2019/2020 season)

(Tick that which is applicable. Please nominate only one position per nomination form.).

Self-nominating is acceptable but will require support from two current separate members who are in good standing.

NOMINATOR FULL NAME: _____

NOMINATOR SIGNATURE: _____

NOMINATOR PHONE NUMBER: _____

SECONDER FULL NAME: _____

SECONDER SIGNATURE: _____

SECONDER PHONE NUMBER: _____

NOMINEE FULL NAME: _____

NOMINEE ADDRESS: _____

NOMINEE EMAIL ADDRESS: _____

NOMINEE PHONE NUMBER: _____

EXECUTIVE COMMITTEE NOMINATION ACCEPTANCE FORM

NOMINATION ACCEPTANCE FORMS MUST BE SUBMITTED TO manitoulinpanthers@gmail.com
BY 6:30 PM ON MAY 1ST, 2019.

NOMINEE FULL NAME: _____
NOMINEE SIGNATURE: _____
DATE: _____ NOMINEE PHONE NUMBER: _____
NOMINEE ADDRESS: _____
NOMINEE EMAIL ADDRESS: _____

I ACCEPT MY NOMINATION FOR THE POSITION OF:

PRESIDENT VICE – PRESIDENT SECRETARY
ICE SCHEDULER DEVELOPMENT DIRECTOR EVENTS, PUBLICITY & FUNDRAISING DIRECTOR

NO

- HAVE A CURRENT & CLEAR CRC OR VSC
- CAN COMMIT TO MONTHLY MEETINGS
- HAVE PREVIOUS EXPERIENCE ON A BOARD OF DIRECTORS
- WILLING TO READ AND UTILIZE ALL PANTHERS POLICIES IN EXECUTIVE CAPACITY
- SPEAK OUT/RESPECT IN SPORT CERTIFICATION
- EXPERIENCE IN THE POSITION NOMINATED FOR
- HAVE REFERENCES WHO WILL SUPPORT ME
- AM WILLING TO TAKE TRAINING AS REQUIRED (APPROVED TRAINING TO BE REIMBURSED BY ASSOCIATION)

EXPERIENCE (attach additional pertinent information if required):

EDUCATION (attach additional pertinent information if required):

REFERENCES (OPTIONAL):

1. _____ **CONTACT:** _____
2. _____ **CONTACT:** _____

Please ensure you provide contact information for the references you provide. Telephone number and/or email address are the accepted methods of contact.

****Please be aware, your credentials will be shared publicly with eligible voting Members to educate them as to whom you are. This will enable them to make an educated decision on whom they are choosing to vote for****