Board of Directors Application

CONFIDENTIAL

Please complete the following application. The information in this form is absolutely confidential. You may attach a current resume or supplemental statements to this application.

Board of Directors Application Deadline: Friday, October 16, 2015 by 4:00 PM MST
Membership Voting Begins: Monday, October 19, 2015 at 4:00 PM MST
Membership Voting Closes: Friday, October 30, 2015 at 4:00 PM MST
Final Vote & Board Announcement: Monday, November 2, 2015 at 4:00 PM MST

*Voting is open to all active members that are 18 years or older at the time of the election.

Name: _____

Address: _____

City/State/Zip Code: _____

Phone (daytime):_____ (evening): _____

Cell: _____ Email: _____

Occupation: _____

Check interested positions on the Board, representing the following areas:

- ☐ Professional league or Volleyball entities
- ☐ Universities and Colleges
- ☐ UHSAA/IHSAA or High School
- ☐ Northern Utah (Utah County and north)
- ☐ Southern Utah (South of Utah County)
- ☐ Idaho
- ☐ Policy/rules/competition
- ☐ Officials/Referee
- ☐ Media/Sponsors/Events
- ☐ Diversity and equality in sports
- ☐ Clubs and Venues

What experience if any, have you had with Club Volleyball?

_____
_____
_____
_____

Please indicate areas of special interest and/or expertise:

___Social Services ___Law ___Education ___Computers/IT

___Public Relations ___Media ___Fundraising ___Special Events

___Writing ___Research ___Finance ___Other 501c3 Organizations

Please list other 501c3 Organizations you may have served on, are serving on or have working experience with:

Please give details as to your area of expertise / skills:

Have you ever served on any other Boards outside of non-profit organizations? If so, please list prior Board service:

What do you hope to receive from your volunteer experience as a Board Member of a Not for Profit Organization?

_____
_____
_____
_____
_____
_____
_____
_____

Tell us about yourself and why you feel you would be a good addition to the IVA Board of Directors:

_____
_____
_____
_____
_____
_____
_____

References:

Name: _____ Contact Number_____

Name: _____ Contact Number_____

Name: _____ Contact Number_____

I understand that the Board of Directors of the Intermountain Volleyball Association is vested with the management of the affairs of the corporation in accordance with the law, the articles of Incorporation, and Bylaws. I also understand that my term is limited to two (2) years in which time I may reapply for another term. I understand that the Board Members of the IVA serve as volunteers.

Signature of Applicant: _____Date:_____

Thank you for taking the time to complete this application and for your interest in serving as a Board Member of the Intermountain Volleyball Association.

Intermountain Volleyball Association
10 West Broadway, Ste 475
Salt Lake City, UT 84101

Email: info@imvolleyball.org