



Candidate Information

Name _____

Home address _____

Home phone number _____

E-mail address _____

Work phone number _____

Employment/Position _____

Previous experience (if any) with (name or org)

Please circle any of the following skills or experience that the candidate possesses.

Finance

Accounting Management

Administration

Grant writing

Nonprofit experience

Fundraising and special events

Teaching experience

Curriculum development

Public relations

Communications

Contacts

Networking

Other _____

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

What position are you nominating this person for (please circle one)

Secretary

President

Vice President

Chair of the Board

Treasurer

Independent Director (Non Contact)

Independent Director (Contact)

Independent Director (Business Development)

Thank you for your nomination Please submit your nomination via email to:

Submitted by: Name _____ Date _____

Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated? ___ Yes ___ No

If “yes,” would he/she be willing to serve if elected? ___ Yes ___ No

(This section does not need to be filled out if you are applying to the Operational Committee)

Thank you for your nomination Please submit your nomination via email to:

Nominations@burlingtonfootball.ca

***I am interested in participating I the Operational Committee and not the board position.
Please circle the position you are most interested in:***

Registrar

Governor of Coaching

Registrar Flag

Governor of Communications

Governor of Summer

Governor of Managers & Volunteers

Governor of Fundraising

Governor of Player Development

Governor of Flag