



## DIRECTOR APPLICATION FORM

I, (print name) \_\_\_\_\_ hereby apply to serve as a Director on the Woolwich Youth Soccer Club ("the Club") Board of Directors.

I agree to and/or confirm the following:

- I am eighteen (18) years of age or older.
- I have not been found under the Substitute Decisions Act 1992 or Mental Health Act to be incapable of managing property.
- I have the power under law to contract.
- I have not been declared incapable by a Court in Canada or in another country.
- I do not have the status of bankrupt.
- This nomination is in compliance with the Club's Conflict of Interest By-laws and Policies.
- I have provided a resume which includes a summary of my qualifying experience.
- I have provided two references below.

My two references for my application are:

1: \_\_\_\_\_ Phone: \_\_\_\_\_

2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please include a one (1) page (maximum) resume including your qualifying experience.

I have read the current and published By-laws and confirm that the information provided in this consent form is accurate.

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone

RETURN COMPLETED FORM BY

Submit via email to : [woolwichyouthsc@gmail.com](mailto:woolwichyouthsc@gmail.com)