

Director Application for the Minnesota Racquetball Association Board



Date: _____

Name: _____
Last *First* *Middle*

Residence: _____
Street *City* *State / Zip*

Telephone Number: Home _____ Work/Cell _____

Email Address: _____

Are you 18 years or older? Yes No

Occupation: _____

Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have that would pertain to your service to the MRA?

What do you hope to gain from volunteering?

Other organizations to which you have provided volunteer services:

What were your responsibilities when serving those organizations?

If elected to the MRA board, what are one or two issues that you would like to participate in creating or changing to better MN racquetball for the community? (i.e. better marketing or social media, create or change policy, help with juniors or tournaments, fundraising, etc.)

Relative Certifications or Affiliations

Certifications: *(i.e. Instructor, Ref, CPR, etc.)* _____

Related affiliations: *(i.e. Nonprofit counsels, other nonprofits, USAR or USAR committees, racquetball events, racquetball facilities, etc.)*

Ballot Biography

Please write a short bio that you'd like included on the ballot for voters to consider. This can simply be a summary of the information stated above. Once the application period has ended please be prepared to submit a headshot photo for the ballot as well. (This bio and headshot can be submitted later, but must be received via email to jonn@obups.com by December 1st 2017.)

Special Election Terms

This is a special one-time special election and therefore has one, two, and three year terms available. There is no guarantee which term you may receive, but if you have a choice what term would you like to fill?

One year term

Two year term

Three year term

Any term, doesn't matter

To Be Completed By All Applicants

Have you ever been convicted of any criminal offense other than minor traffic violation fine \$500.00 or less; or offenses settled in juvenile court or under welfare youth offender law. Yes No

If yes, please explain:

Conflict Of Interest

Do you have any potential conflicts of interest in serving on the MRA board? Yes No

If so, please explain?

Having a potential conflict of interest does not necessarily prevent someone from serving on the MRA board of directors. Most conflicts of interest can be managed by simple processes such as abstaining from a vote or leaving the meeting during specific topics that poses a potential conflict of interest. Knowing what potential conflicts of interest there might be helps the board and directors to avoid any possible issues. In the simplest of terms a conflict of interest exists if a director or immediate family member financially benefits from a board action or if a director is in a position in which the person’s action in one capacity might serve to benefit one organization to the disadvantage of another. (i.e. a director or family member provides a paid product or service to the MRA; or a director or family member serves another similar or competing organization in which decisions from one organization can impact the other organization.)

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Submission of Application

After completely filling out this form, please save as a PDF to your computer, print a copy for your records and it’s very important to either email your application PDF to both jonn@obups.com and nelsonjp@gmail.com_or US Mail your application to Jonn Olson - 24245 Thames St NE – Stacy MN 55079. Mailed applications must be postmarked on or before December 1st, 2017. Shortly after receipt of your application you will receive a confirmation email that your application has been received. If you don’t receive a response within 24 hours please call Jonn at 651-485-3771.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Applicant

Date

(Note: by digitally entering your name you are agreeing that this is the same as a written signature.)

Thank you for completing this application form and for your interest in volunteering with us.