

## SMHA Board of Directors Nomination Form

Applicant Name: \_\_\_\_\_

Email and Phone Number: \_\_\_\_\_

Name of Nominator #1 (a member of SMHA): \_\_\_\_\_

Name of Nominator #2 (a member of SMHA): \_\_\_\_\_

Applicant occupation: \_\_\_\_\_

Have you served on a minor hockey association's board previously: YES  NO

If yes, which association, when and in what capacity:

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Have you volunteered within Sudbury Minor Hockey Association previously: YES  NO

If yes, when and in what capacity:

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What special skills/abilities would you bring to the board, if you were a successful candidate?

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If you are not a successful candidate, would you be interested in serving on sub-committees of the SMHA Board of Directors: YES  NO

If yes, is there a particular area or areas that interest(s) you? Please elaborate.

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Thank you for your application!!

Please submit to [smha@sudburymminorhockey.ca](mailto:smha@sudburymminorhockey.ca) by June 3, 2025 at 6pm EST.

This application will be reviewed by the Selection Committee and you will be notified if your name moves forward for election purposes at the AGM.