

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:

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

If yes, when and in what capacity:

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

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.

Thank you for your application!!

Please submit to 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.