



Longview Soccer Club
Board of Directors
Nomination Application

Name: _____
Phone #: _____ **Email:** _____

What position are you applying for and why:

List your volunteer experience and what you liked most about volunteering:

Describe your involvement/experience with tin youth soccer and how long?

Tell us about a leadership role you held and/or other Board(s) you have been involved with:

What skills or knowledge do you have that could be useful in the position you are interested in?

We strive to develop and improve our program. Recognizing that there is always room for improvement, we value the feedback from our members. What changes or ideas could LSC implement that would add value our program.

Do you have a background check on file through our program at this time? _____
If not, would you be willing to submit a State Background Check? _____

I do hereby affirm that the information provided on this application to be true. I also understand that the position of interest is a volunteer role. I also understand that if chosen to represent Longview Soccer Club (LSC), I will acknowledge and respect the rules ser forth by both LSC, Cowlitz Youth Soccer Association (CYSA) and Washington Youth State Soccer Association (WYSA).

Signature _____ Date _____

LSC ~Official Use ONLY

RMA#: _____ Date Received: _____ Approved by: _____