



Snohomish Little League Board of Directors Application Form

Thank you for your interest in joining the Snohomish Little League (SLL) Board of Directors. Please fill out the below information to help the current board during our selection process.

Please note:

- Persons interested in joining the SLL Board of Directors are expected to commit time and energy that may take them away from family activities. We understand that family comes first, but we also need members to do their best to attend board meetings, events, be available for voting, and provide support as needed.
- Persons interested in joining the SLL Board will need to be present at the Annual Board Meeting in September (exact date to be announced) to introduce themselves and answer any questions regarding membership.

Your Name: _____

Your Home Phone Number: _____ Cell number: _____

Your Home address: _____

Your email address: _____

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s).:

1. _____
2. _____
3. _____
4. _____

Is there a specific Board role in which you are interested? _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Finances | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Coaching/Instruction | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sponsorships |
| <input type="checkbox"/> Communications | <input type="checkbox"/> IT/Web Development | <input type="checkbox"/> Team Management |
| <input type="checkbox"/> Community Networking | <input type="checkbox"/> Legal | <input type="checkbox"/> Umpiring |
| <input type="checkbox"/> Concessions Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Uniform Management |
| <input type="checkbox"/> Corporate Giving | <input type="checkbox"/> Player Management | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Equipment Management | <input type="checkbox"/> Registration Management | |
| <input type="checkbox"/> Field & Facilities Management | <input type="checkbox"/> Safety | |

Other skill(s) of yours that you would like to utilize?

What do you personally hope to gain out of your participation on the Board, eg., what types of experiences, skills, personal development, or interests do you hope to cultivate or obtain?

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- Yes No Perhaps