**THE SUBCOMMITTEE FOR FEMALE HOCKEY DEVELOPMENT, RECRUITMENT, AND EXCELLENCE**

**APPLICATION FORM**

Thank you for your interest in volunteering with the Moose Jaw Minor Hockey Association (MJMHA). We are pleased that you have an interest in leading our Association in supporting young female hockey players. In order to best serve and support MJMHA’s in this valuable work, we request that you complete the qualification process by completing this application.

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| **Applicant Contact Information** | | | |
| Name: |  | | |
| Street Address: |  | Birthdate: |  |
| Postal Code: |  | Phone: |  |
| City/Prov. |  |  | |
| Email: |  | | |

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| **Motivations and Experience** | |
| What motivates you to become a subcommittee member for MJMHA? |  |
| What special qualifications and/or skills would you bring to the committee? |  |
| Please describe your relationship (past/current) with female hockey. |  |
| Please describe your understanding of what your role would be on this subcommittee. |  |
| Please provide us with your philosophy on and your goals for female hockey in Moose Jaw. |  |

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| **Requirements** | |
| Are there any conflicts of interest (perceived, potential, or actual) that you may have in being a subcommittee member? If so, please provide them. |  |

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| **Subcommittee Membership** | | | |
| The Board of Directors seeks subcommittee members to exhibit a complementary balance of knowledge, skills and experience. Please identify those areas in which you have basic or advanced competencies and areas of interested: | | | |
| **Area** | **Basic** | **Advanced** | **Interested** |
| Board Governance | ☐ | ☐ | ☐ |
| Communications and Public Relations | ☐ | ☐ | ☐ |
| Diversity and Inclusion | ☐ | ☐ | ☐ |
| Education | ☐ | ☐ | ☐ |
| Financial Management | ☐ | ☐ | ☐ |
| Health | ☐ | ☐ | ☐ |
| Hockey Knowledge | ☐ | ☐ | ☐ |
| Human Resources | ☐ | ☐ | ☐ |
| Leadership and Team Building | ☐ | ☐ | ☐ |
| Legal and Compliance | ☐ | ☐ | ☐ |
| Local Government | ☐ | ☐ | ☐ |
| Marketing and Promotion | ☐ | ☐ | ☐ |
| Networking Relationship Building | ☐ | ☐ | ☐ |
| Small Business | ☐ | ☐ | ☐ |
| Sports Administration | ☐ | ☐ | ☐ |
| Strategic Planning | ☐ | ☐ | ☐ |
| Technology | ☐ | ☐ | ☐ |
| Youth Development | ☐ | ☐ | ☐ |

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| **Demographics** | |
| **Representation** | |
| Coach | ☐ |
| Community Liaison | ☐ |
| Identifies Female | ☐ |
| Identifies Male | ☐ |
| Identifies Transgender | ☐ |
| Parent | ☐ |
| Player | ☐ |
| Former Player | ☐ |
| **Age** | |
| 15-17 | ☐ |
| 18-35 | ☐ |
| 36-50 | ☐ |
| 51-65 | ☐ |
| 65+ | ☐ |
| **Ethnicity** | |
| Caucasian | ☐ |
| Indigenous | ☐ |
| Immigrant to Canada | ☐ |
| Other | ☐ |

We thank you for your application. Our Board of Directors will review your submission and may contact you for further information or clarification. All applicants will be contacted once decisions are made.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this application to Dara at: admin@mjhockey.com

*On behalf of the Board of Directors, and the MJMHA Staff, we thank you for your consideration of this vital role.*