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|  | WISCONSIN SWIMMING, INC. |
|  |

# LSC BOARD OF DIRECTORS VOLUNTEER APPLICATION

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| POSITION YOU ARE APPLYING FOR: |  |

 Positions Open:

* General Chair
* Age Group Chair
* Finance Chair
* Officials Chair
* Secretary
* Operational Risk Management Chair

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever served on the Board of Directors for Wisconsin Swimming, Inc.? | YES[ ]  | NO[ ]  | If yes, when? |  |

## References

Please list at least one (1) professional reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

## Aquatics Background

|  |  |
| --- | --- |
| Please provide a timeline of your involvement in aquatics (as an Athlete, Coach, Official or Volunteer: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Thank You for your time in completing this application.

Elections will be held at Wisconsin Swimming, Inc. Annual Meeting scheduled to be hosted on April 20th, 2019.

Please make sure that you are available at the House of Delegates portion of the weekend.

SEND COMPLETED APPLICATION TO Jeanne Drzewiecki @ sanctioncoordinator@wisconsinswimming.org

Or Fax Completed Form to: 414-777-5210