



POVERTY BAY HOCKEY

2018 Poverty Bay Hockey Committee Member Application Form

Name:

Address:

Email:

Phone

(hm)

(wk)

(mob)

Position applied for: (circle one)

Chairperson

Vice Chairperson

Treasurer

Committee Member

Why do you want to join the PBHA?



POVERTY BAY HOCKEY

What experience have you had as a committee member (in any sport or organisation):

What experience do you have with hockey in particular (playing, volunteering, coaching, managing, umpiring)?

Other relevant experience/qualifications:



POVERTY BAY HOCKEY

What strengths would you bring to the PBHA?

How will you contribute to PBHA?



POVERTY BAY HOCKEY

Nominee

Signed:

Date:

Nomination supported by:

Nominator One Name and Club/Position:

Signed:

Date:

Nominator Two Name and Club/Position:

Signed:

Date:

Please return to:

PB Hockey Association

PO Box 386

Gisborne 4040

or scan and email your completed form to secretary@pbhockey.co.nz