

APPENDIX 2 – Junior Braves Committee Nomination Form

Name: _____

Address: _____

Contact details:

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Working with Children's Number: _____

Expiry: _____

Do you currently have an athlete(s) participating in the Bendigo Basketball Association (BBA) Domestic Competition?

Yes / No

(please circle)

Do you currently have an athlete(s) participating in the Junior Squad Program?

Yes / No

(please circle)

Nomination: You must nominate for at least two of the following positions.
Applications with only one preference will not be considered.

	Media Liaison
	Sponsorship Coordinator
	Fundraising Coordinator
	Coaches Liaison
	Team Manager Liaison
	Uniform & Equipment Coordinator
	Grants Coordinator

To be eligible for election to the committee **you must be prepared to accept an active position.**

There are times throughout the duration of the Junior Braves Committee season that all Committee members are expected to assist at events. These are, and not limited to, the below times of year.

- Junior Braves selection trials (July)
- Junior Braves Family Day (September/October)
- Bendigo Junior Classic (Australia Day long weekend)
- Basketball Victoria Country Under 12 Championships (Mid-April)
- Basketball Victoria Country Under 16 & 18 Div 1 & 2 Championships (February/March)
- Basketball Victoria Country Under 16 & 18 Div 3 & 4 Championships (February/March)

DECLARATION

I hereby nominate for a position on the Junior Braves Committee (JBC), and I accept the position on the Committee with the understanding I may be required to undergo a Criminal History Check.

If approved to the JBC, I agree to abide by the conditions outlined in the Junior Braves Operational Policies and Guidelines to the best of my ability.

I do not have anyone in my immediate family that is a current member of the Committee or is also applying to go on to the Committee.

In the case where there may be a conflict of interest related to an agenda item, I will acknowledge this at each Committee meeting and exclude myself from voting on this item.

I also understand by nominating to the Committee that I may be elected to any of the above positions, and that I will give the time required to perform this position to the best of my ability.

_____	_____	_____
Person nominating <i>Please print name</i>	Signature	Date

Completed nomination forms are to be electronically submitted to:

Att: Administrator, Junior Braves Committee

karen.belz@bendigostadium.com.au

Applications are to be received by **close of business on Friday 9th June 2023.**

Late applications may **not** be accepted.

All applications will be treated with confidentiality and passed only to the Administrator of the BBA for tabling at the appropriate BBA meeting.

To be completed by the BBA Board

Nomination Accepted by _____

Seconded by _____

For / Against	Carried Yes / No
<i>Please circle</i>	<i>Please circle</i>

Noted by BBA Administrator Yes / No

Name _____

Signature _____