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**ELECTED BOARD MEMBER NOMINATION FORM - 2020**

Forms are to be returned to Softball WA by 5.00pm, 15 October 2020.

**SECTION 1: TO BE COMPLETED BY NOMINEE**

**NAME OF NOMINEE:** \_\_\_\_\_

**SUMMARY OF INDUSTRY EXPERIENCE (attach Resume or further information where relevant):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF GOVERNANCE EXPERIENCE (attach Resume or further information where relevant):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF QUALIFICATIONS (attach Resume or further information where relevant):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions in less than 100 words per question:** (This information will be provided to all Softball WA Members in order for them to assess your suitability as a candidate for election to the Board of Directors)

**Q1. What has motivated you to nominate for a position on the Board of Directors? What do you hope to achieve for (a) Softball WA and (b) yourself?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q2. Based on the Duty Statement, if elected to the Board of Directors, what skills, attributes and experience would you bring to the Board in the role of Director?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q3. Please identify how you align with the Leadership Model outlined in the Duty Statement.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q4. Please list your involvement with any other Boards and any other relevant volunteer/community activities you have been involved in.**

\_\_\_\_\_  
\_\_\_\_\_



Department of  
**Local Government, Sport  
and Cultural Industries**



**SECTION 2: ENDORSEMENT BY ASSOCIATION MEMBERS (MINIMUM OF TWO)**

I \_\_\_\_\_ am a financial member of the Association with the  
\_\_\_\_\_ Association/Club and I endorse the above named person  
to nominate for the Softball Western Australia Inc. Board.

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

Signature \_\_\_\_\_

I \_\_\_\_\_ am a financial member of the Association with the  
\_\_\_\_\_ Association/Club and I endorse the above named person  
to nominate for the Softball Western Australia Inc. Board.

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

Signature \_\_\_\_\_

**SECTION 3: PERSONAL CONTACT DETAILS**

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS OF NOMINEE:**  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACTS:** (Email) \_\_\_\_\_

**PHONE NUMBER:** (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**CLUB/ASSOCIATION (IF RELEVANT):** \_\_\_\_\_

**Date:** \_\_\_\_\_ (Signature of Nominee) \_\_\_\_\_

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**Forms and further documentation should be emailed to [ceo@softballwa.org.au](mailto:ceo@softballwa.org.au)**