

Arizona Region Volleyball  
Fall 2020 Nomination Form  
Board of Directors Election

Use this form to self-nominate or to nominate someone else. If nominating someone else, please give the form to them to fill out with their own Involvement, Qualifications and Goals information and submit. Please review the qualifications and job description before submitting the form.

Please submit nomination forms to the AZ Region office – via fax 480-659-6153, via email [office@azregionvolleyball.org](mailto:office@azregionvolleyball.org) or via mail 7100 W. Erie Street, Chandler, AZ 85226 no later than 5 pm, Thursday, July 24, 2020.

Position sought: Check only 1 position

Adult Division Coordinator

Junior Division Coordinator

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

2020 AZ Region Club or Team Affiliation: \_\_\_\_\_

Years you have been a member of Arizona Region: \_\_\_\_\_

Years associated with the above Arizona Region Club or Team \_\_\_\_\_

1. Please list your involvement within the Arizona Region since 2017:

2. Please state your qualifications for this position:

3. Please state what your goals would be for this position: