



MHSLA Board of Directors Application Form

Thank you for your interest in joining the Montana High School Lacrosse Association (MHSLA) Board. Please complete this form to provide useful information about yourself, to ensure the best match between you and the MHSLA Board of Directors. The following information will be shared with the current Board of Directors and the general membership of the league. More information about the MHSLA is available at: <https://www.mthslax.org/>.

Your name: _____

Your Home Phone Number: _____ Your cell number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join MHSLA Board of Directors:

Your current organizational affiliations (names of the organization and your role(s)):

1. _____

2. _____

3. _____

MHSLA Board of Directors Application Form (cont.)

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing and/or Website |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Please select the position(s) you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Region _____ Representative (choose 1:
Northwest, West, Central, South, East) | <input type="checkbox"/> Member-at-Large |
|---|--|

If you join the MHSLA Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Perhaps |
|------------------------------|-----------------------------|----------------------------------|