Director Application for the Minnesota Racquetball Association Board



Date:		
Name:		 Middle
	11130	whate
Residence:		State / Zip
	·	
elephone Number: Home	Work/Cell	
Email Address:		
Are you 18 years or older? Yes No		
Occupation:		
special Skills or Qualifications?		
Skills and qualifications can be acquired through emp nobbies or sports. What skills or qualifications do you		
What do you hope to gain from volunteering?		
Other organizations to which you have provided volu	unteer services:	
What were your responsibilities when serving those o	organizations?	

Relative Certifications or Affiliations
Certifications: (i.e. Instructor, Ref, CPR, etc.)
Related affiliations: (i.e. Nonprofit counsels, other nonprofits, USAR or USAR committees, racquetball events, racquetball facilities, etc.)
To Be Completed By All Applicants
Have you ever been convicted of any criminal offense other than minor traffic violation fine \$500.00 or less; or offenses settled in juvenile court or under welfare youth offender law. Yes No
If yes, please explain:
Other Comments or additional information?
Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
Signature of Applicant (Note: by digitally entering your name you are agreeing that this is the same as a written signature.)

Thank you for completing this application form and for your interest in volunteering with us. Please email a copy of this application to <u>jonn@obups.com</u> by the end of day on April 30, 2024 or mail to Jonn Olson – 24245 Thames St NE – Stacy MN 55079 (must be received by April 30th).