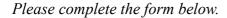
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Peninsula Blitz Basketball Club Inc. Committee **Application Form**

Thank you for your interest in becoming part of our committee.





Personal	Inform	ation
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- Full Name:
- Date of Birth:
- Address:
- **Phone Number:**
- **Email Address:**

Skills

1.	What skills or experience do you have that would be valuable to the committee (E.g., financial management, event organisation, leadership, etc.) Answer:
2.	Have you been a part of a committee before? Answer:
3.	Please list any involvement in sports, either as a player, coach, or in an administrative role: Answer:
4.	How would you contribute to the development and growth of the club? Answer:

Working with Children's Check (WWCC)

•	Do you have a current	Working with	Children's	Check?
	Answer: [Yes] / [No]			

If yes, please provide your WWCC number: ________

• Expiry Date:

If no, are you willing to obtain one if required?

Answer: [Yes] / [No]

Availability

Are you available for monthly committee meetings? Answer: [Yes] / [No]

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Why do you want to join the committee? Answer:
Positions of Interest
Below are the positions available for nomination. Please indicate the position you are interested in applying for. All positions will be nominated and voted on at the next Annua General Meeting (AGM):
• President
• Treasurer
• Secretary
• General Committee Member
• Other (Please specify):
Declaration
I confirm that the information provided above is accurate to the best of my knowledge. I agree to uphold the values and objectives of the club and commit to my role within the committee.
Signature: Date: