



# CISC Board of Directors Application



Thank you for your interest in serving on the CISC Board of Directors. The Board of Directors is responsible for the strategic leadership and financial stewardship of CISC. As a member of the Board of Directors, you would be expected to attend one meeting per month (1.5 hours to 2.5 hours), attend the Annual General Meeting, participate in at least one board committee, and to advocate for CISC and its soccer programs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Status:  Employed by: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Retired  Student  Other: \_\_\_\_\_

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

**Please Check the following from 1-5 with 1 meaning you have little experience and 5 meaning you are considered an expert in that field**

	Little experience <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Expert
Non Profit Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting/Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing/Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education / Child Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching or Sports Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Land Acquisitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The term “children” used in the questions below is a collective term for all of the following: your own children, your significant other’s children, step children, foster children, and grandchildren.**

Have any your children participated in recreational soccer?  No  Yes  
Are any of your children participating in CISC Recreational Soccer now or in the next six months?  
 No  Yes, please list their ages:

Have any your children participated in competitive soccer?  No  Yes

Are any of your children participating in or trying out for CISC Competitive Soccer now or in the next 6 months?  No  
 Yes, please list their ages:

Please, identify any and all of your children's competitive coach's names:

Are you or have you been a recreational soccer coach?  No  Yes, the age group is:

Are you or have you been a competitive soccer coach?  No  Yes, I coach:

Is your spouse or significant other a recreational coach?  No  Yes, their name is:

Is your spouse or significant other a competitive coach?  No  Yes, the age group is:

Do you or your spouse coach for any other soccer club?  No  Yes, they coach for:

Do you have children playing for other soccer clubs?  No  Yes, they play for:

Do you currently hold a soccer coaching license?  No  Yes, please identify all:

Please, tell us why you want to serve on the CISC Board of Directors:

Explain how your background/experience enables you to be an asset in the growth and development of CISC:

Describe your history/years of service working on other non-profit boards:

Please, describe any previous board of director's experience:

Please, list other organizations which you currently or previously volunteered:

I understand the time commitment expected of a CISC Board of Director and I am prepared to fulfill the duties as described.

---

Name

Date

Please, submit your application to the CISC offices, CISC Board President, or CISC Office Manager.