

# APPLICATION FOR SEBASTIAN SHARKS BOARD MEMBERSHIP

Thank you for your interest in becoming a board member of the Sebastian Sharks Youth Football and Cheerleading Association. Please complete the following questionnaire so that we can make the best use of your talents and expertise and offer you the most rewarding experience as a member of the group.

Name: \_\_\_\_\_

Business Affiliation/Title: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle the board position that interests you most:

- |                             |                           |
|-----------------------------|---------------------------|
| Vice President              | Flag Football Coordinator |
| Secretary                   | Fundraising Coordinator   |
| Treasurer                   | Equipment Manager         |
| Tackle Football Coordinator | Team Parent Coordinator   |
| Communications Director     | Grounds Manager           |
| Concession Stand Manager    | Player Safety Officer     |
| Cheerleading Coordinator    |                           |

*\*All listed positions are 2 year term*

What is your experience as a member of other community groups?

What is your definition of youth football and youth cheerleading?

What type of life experience(s) have you had which would add to your being a member?

Why do you want to serve as a board member for the SSYFCA?

I understand that I must attend scheduled Board Meetings.  yes  no

I understand that I must open or close the field for all scheduled home games.  yes  no

I understand that I must be available to assist the organization with all league events/activities.  yes  no

I understand the duties of the Board position that I am applying for.  yes  no

Please return completed application to the  
Sebastian Sharks Youth Football Association:

In Person: Field House, 1101 Barber St, Sebastian

By Mail: PO Box 781732, Sebastian, FL 32978

By email: sebastianyouthsharks@gmail.com