

Scarboro Surf Life Saving Club

NOMINATION FORM

ELECTED DIRECTORS

Season 2020/21

POSITION:

.....

Please tick box where appropriate.

- I have (or I am in the process of applying for) a valid Working With Children Check Card (mandatory for the position).
Registration No: Expiry Date:
Or Application ref:.....
- I have (or I am in the process of applying for) a National Police Volunteer Certificate (mandatory for the position) and copied to the Club.
Date of NPC:Or Application ref:.....
- I will become familiar with and comply with the (State) **Associations Incorporation Act 2015** and the **Associations Incorporation Regulations 2016** and confirm that I am not in contravention of section 39 of that Act (*persons who are not to be members of management committee*).
- I acknowledge that I have become familiar with and will comply with the Club's Constitution and Policies and agree to adhere to the rules of the Club to the fullest extent possible.
- I have read and understood the job description for this position and agree to achieve the expected performance goals to the best of my ability.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

(Print).....

(Sign).....

NAME OF NOMINATOR

SIGNATURE OF NOMINATOR

.....

.....

DATE:

DATE: