



211 Chancellor Matheson Road
Winnipeg, Manitoba, Canada R3T 1Z2
Phone: 204-233-8899 Fax: 204-233-9121
Website: www.winnipegyouthsoccer.com
Email: wysa@wpgsoccer.com

BOARD OF DIRECTORS NOMINATION FORM

The Winnipeg Youth Soccer Association (WYSA) is honoured to host a volunteer Board of Directors with diverse skills, professional and lived experiences, and identities. WYSA is dedicated to creating safe and inclusive spaces for diverse individuals at all levels of the organization, including its Board of Directors. Each year the Association actively recruits, through different mediums, individuals who are committed to serving on the WYSA Board of Directors for a term of two years. The Board typically meets monthly, except for December and July. If you are interested in serving the youth soccer community, please complete the nomination form below, attach a current resume, and submit to governance@wpgsoccer.com. All candidates elected and/or appointed to the Board of Directors must provide evidence of satisfactory criminal record and child abuse registry screening. Thank you for your interest.

NOMINEE PROFILE

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

PROVINCE: _____

I, _____, agree to let my name stand for election as a Board Member of the Winnipeg Youth Soccer Association. I confirm that I have the ability and am willing to meet the obligations of being a WYSA Board Member.

I, _____, declare the following:

YES NO I am 18 years of age or older at the time of my submission.

YES NO I am a resident of Manitoba.

YES NO I declare that I understand the responsibilities and liabilities as an Officer and Board Member.

YES NO I am readily available to attend numerous meetings and additional events, if required.

YES NO I have been declared incapable by a court in Canada or in another country.

YES NO I am in bankrupt status.



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Optional – Do you self-identify as belonging to any of the following communities? Please circle as many options as applicable.*

Women

Racial Minority within Canada

2SLGBTQI+ Community

Religious Minority in Canada

Indigenous, First Nations, Métis, or Inuit

Persons with Disabilities (visible or invisible)

Newcomer to Canada (within the last 5 years)

Identify as a member of a community not listed

If your community is not listed, please add it here: _____

*The submission of all demographic data is completely voluntary and is strictly confidential. This information will only be reviewed internally by the nomination committee, and will be viewed to increase accessibility to training, events, and programming at WYSA. The intent of collecting this information is to comply with By-Law #29 – Board Composition, Diversity and Equity, and will not be shared or distributed in any way.

Please complete the following:

What motivates you to become a board member for WYSA?

What special qualifications and/or skills would you bring to the board? expertise or skill set(s) would you bring as a Board Member? (Ex. Accounting, Marketing, Governance, Law, etc.)

Please provide your past board experience (including the types of boards on which you have participated), and your involvement in soccer, if any:

What do you consider the greatest challenges / obstacles the soccer community face today?



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The Board of Directors seeks a complementary balance of knowledge, skills, and experience at a Governance level. Please identify those areas in which you have basic or advanced competencies and areas you are interested in:

Board of Governance	Basic	Advanced	Interested
Business Management			
Community Leadership			
Education/Training			
Finance/Accounting			
Governance/Leadership			
Human Resources			
Event Planning			
Legal			
Public Relations			
Quality/Risk Management			

Please provide two references that are familiar with your previous board or committee experience:

COMMITTEES	YES	NO
• Governance		
• Finance & Audit		
• Nominations		
• Discipline		
• Appeal		
• Conduct & Ethics		

REFERENCES

Please provide two references that are familiar with your previous board or committee experience:

1 st REFERENCE		1 st REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

By submitting this application and a resume, I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit organization complies with the By-Laws of WYSA. I also understand that through this application process, falsified or misleading statements and omissions will result in the removal of my candidacy.

APPLICANT NAME (please print) _____

APPLICANT SIGNATURE _____

Date: _____