



CHURCHLAND SOCCER LEAGUE, INC.

BOARD APPLICATION FORM

Revised May 2025

I hereby confirm my intention to seek election or reelection to a Board or Staff position with Churchland Soccer League.

Name of Nominee _____

E-mail Address _____

Home Address: _____

City, State, ZIP: _____

Home Phone _____ Work _____ Cell _____

Signature of Nominee _____

Position Desired _____

Describe Why You Desire This Position - Please write in the 3rd person so it can be read at the Board Meeting.

Do you have a child/children playing at CSL? ☐ Yes ☐ No

If yes, list the age group and team _____.

Conflict of Interest Disclosure: Are you or a member of your immediate family affiliated in any way other soccer club within USYS, VYSA, VSLi, TASLi? ☐ Yes ☐ No



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Tell us about your previous CSL Board Experience

Roles/Positions Held _____

Dates _____

Tell us about your previous experience on ANY other Board or service organization anywhere:

Organizations _____

Roles/Positions Held _____

Dates _____

Provide a **reference** for each organization listed, including a valid contact phone number and email address

Why do you feel it is important to become a member of the Churchland Soccer League Board of Directors?

Why should you be selected for the desired position?

The information in this application is true and accurate.

Name of applicant

Date

Please read, sign, and submit the CSL Confidentiality Policy and Conflict of Interest Disclosure Statement with your application.