

## Club Nomination Form

| Club/Association Details   |  |        |  |  |
|--|--|--------|--|--|
| Club/Association   |  |        |  |  |
| Name   |  | Mobile |  |  |
| Email  |  |        |  |  |
| If the opportunity arose, would you or a representative within the club like to mentor |  |        |  |  |
| the person you are nominating? YES / NO  |  |        |  |  |

|                   | Nominee Details |
|-------------------|-----------------|
| First Name        | Surname         |
| Date of Birth     | Mobile          |
| Address           |                 |
| Suburb            | Postcode        |
| Email             |                 |
| School/University |                 |

| Application Questions  |
|--|
| Why are you nominating this person for the Lead Volley Youth Network?  |
| What skills or experiences can they bring to the Network?  |
| What skills of experiences can they bring to the Network!  |
| What programs, events, activities or initiatives would you like to see achieved by the Network?  |
| Please feel free to attach any further comments or a personal statement.   |
| Return the completed application form to: Volleyball WA Club & People Development Coordinator  Post: PO Box 133, Leederville WA 6903  Email: development@volleyballwa.com.au |