

# SOUTH AUSTRALIAN WOMEN'S FOOTBALL LEAGUE BOARD NOMINATION FORM

## ABOUT THE SAWFL BOARD

The SAWFL manages the most established female football program in South Australia. It currently governs three separate competitions – Open Women, Under 18 Girls and Under 15 Girls.

The SAWFL Board is a volunteer board that consists of a Chairman and up to five Directors. Within the SAWFL Board are portfolios that are to be determined by the Board. There are to be two compulsory portfolios of Treasurer and Secretary. To view the position descriptions for these roles <u>click here</u>.

The Board's primary responsibility is one of trusteeship on behalf of its members and stakeholders, ensuring that the SAWFL remains viable and effective in the present and for the future. The Board is ultimately responsible for all organisational matters and has a number of key roles including strategic planning, member/stakeholder involvement, organisational performance, reporting, policy formulation, legal compliance, management of financial resources and risk management. As a result of the partnership between the SAWFL and the Channel 9 Adelaide Football League (CH9AFL), the day-to-day administration of the League is performed by staff members at the CH9AFL.

Being a Board member will provide you with opportunities for personal and professional development. We strongly encourage nominations from persons with previous Board experience and those wishing to play an active role in the development of the League and its programs.

## **CONTACT DETAILS**

Name	
Address	
Suburb	
Post Code	
Phone Number	
Email Address	
NOMINATING FOR (TICK ONE)	
Chairman	Director
NOMINATED BY*	
Name:	Club:
Phone:	Email:
Signature:	_
SECONDED BY*	
Name:	Club:
Phone:	Email:
Signature:	_

\* Must be financial members of the League



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### WHAT EXPERTISE CAN YOU BRING TO THE SAWFL BOARD?

Summarise experience, skills and qualifications you have acquired through employment, volunteer work and/or involvement in other activities, e.g. football and other sport. Any further information or supporting documentation should be attached to this form.

### LIST ANY CONFLICTS OF INTEREST (POTENTIAL, ACTUAL OR PERCEIVED)

### BRIEFLY EXPLAIN WHY YOU WOULD LIKE THIS ROLE

Signature:		Date:/	/
OFFICE USE ONLY			
Date Received:	I		
Name:			
Position:			
Signature:			