



DYHA Board Application

Name: _____ Email Address: _____

Mobile Phone: _____

Hockey Players w/ DYHA (if any):

Do you currently serve on the board: _____ If so, how many years: _____

Why do you want to serve as a DYHA Board member?

What leadership role, if any, would you be willing to assume on the DYHA Board in the future?

Do you currently serve in a leadership role for any other non-profit organization, if so, in what capacity?

What ideas do you have to grow DYHA Player Membership and improve our DYHA programs?

*To be listed on the ballot for DYHA Board Members, please return this form to the DYHA President 1-week prior to the April Annual DYHA Meeting. (2nd Tuesday of the month).