



# DYHA Board Application

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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?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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. (2<sup>nd</sup> Tuesday of the month).