



HUNTER WESTERN HORNETS TOUCH FOOTBALL

EXPRESSION OF INTEREST REGIONAL MANAGEMENT COMMITTEE

DATE: / /

TO: Assistant Regional Director – Hunter Western Hornets Touch Association

FROM: of Touch Assoc.

SUBJECT: Expression of Interest (Volunteer Position)

Position sort [please tick]

- | | | | |
|--------------------------|--------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Regional Director of Referees | <input type="checkbox"/> | Member Protection Information Officer |
| <input type="checkbox"/> | Regional Director of Coaching | <input type="checkbox"/> | Media & Communications Manager |
| <input type="checkbox"/> | Regional Director of Selectors | <input type="checkbox"/> | Tour Leader |
| <input type="checkbox"/> | Junior Director | <input type="checkbox"/> | Merchandise & Uniform Coordinator |
| <input type="checkbox"/> | High Performance Director | <input type="checkbox"/> | Tournament Director |
| <input type="checkbox"/> | Players Representative | <input type="checkbox"/> | Tournament Associate |
| <input type="checkbox"/> | Hearings & Grievance Officer | | |

Personal Details [all fields required]

Full Name			
Home Affiliate			
Physical Address			
Suburb		Postcode	
Phone (H)		Phone (M)	
Email			
Working With Children Check Number (wwcc)		D.O.B.	

We are a Good Sports club



ABN: 92 594 826 967
admin@hornetstouch.com.au

www.hornetstouch.com.au



Statement of claim for role sort:

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Meet the criteria for the position description ([refer here](#))

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I confirm the I meet the requirements of the NSWTA and Hunter Western Hornets Touch Association Constitution, and that all information above (and/or attached) are true and accurate.

Signature:

Name:

Date: / /



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