

APPLICATION FOR COMMISSIONER

Name: _____

Address: _____ Phone Number _____

Email _____ Relationship to School _____

References:

Personal _____ Phone _____

Professional _____ Phone _____

Coaching _____ Phone _____

I would like to apply for a position as (Commissioner) _____ for
(Sport) _____

Experience (Sport) _____ (Organization) _____

(Position) _____ (Date) _____

Why do you want to be a Commissioner?

What would you bring to the Alpha Sports Program?

What would you expect from the Alpha Athletic Association?

I understand that if I am a Commissioner, I am bound by the Association By-Laws and the Association's expectations.

I understand that I must have all clearances mandated by the Diocesan Protecting God's Children Program.

Signature _____ Date _____