



**CHAPTERS ADVISORY COUNCIL  
COMMITTEE/SUB COMMITTEE QUESTIONNAIRE**

**I. Personal Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City, St/ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home E-mail Address \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City, St/ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_

High School \_\_\_\_\_ Location \_\_\_\_\_ Grad. Yr. \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Grad. Yr. \_\_\_\_\_

History of Lacrosse Involvement:

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

History of Board Involvement with Other Organizations:

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

**II. Family Information**

Spouse/Partner Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Email \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City, St/ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_



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High School \_\_\_\_\_ location \_\_\_\_\_ Grad yr. \_\_\_\_\_

College \_\_\_\_\_ location \_\_\_\_\_ Grad yr. \_\_\_\_\_

**Children**

1) Name \_\_\_\_\_ Lacrosse Player? Yes \_\_\_ No \_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Club \_\_\_\_\_ Profession \_\_\_\_\_ Company \_\_\_\_\_

2) Name \_\_\_\_\_ Lacrosse Player? Yes \_\_\_ No \_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Club \_\_\_\_\_ Profession \_\_\_\_\_ Company \_\_\_\_\_

3) Name \_\_\_\_\_ Lacrosse Player? Yes \_\_\_ No \_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Club \_\_\_\_\_ Profession \_\_\_\_\_ Company \_\_\_\_\_

4) Name \_\_\_\_\_ Lacrosse Player? Yes \_\_\_ No \_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Club \_\_\_\_\_ Profession \_\_\_\_\_ Company \_\_\_\_\_

5) Name \_\_\_\_\_ Lacrosse Player? Yes \_\_\_ No \_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Club \_\_\_\_\_ Profession \_\_\_\_\_ Company \_\_\_\_\_

**II. Interests**

US Lacrosse Chapters Advisory Council committee and sub-committee terms are two years unless otherwise specified as dictated by the council bylaws. Nominees are evaluated based upon their ability to commit time, energy and talent to the organization. Please indicate the respective US Lacrosse Division and two areas which interest you.

Men's Division \_\_\_\_\_

Women's Division \_\_\_\_\_

Gender Neutral \_\_\_\_\_

\_\_\_\_ Special Events

\_\_\_\_ Marketing

\_\_\_\_ Fund Raising

\_\_\_\_ Budget/Audit

\_\_\_\_ Strategic Planning

\_\_\_\_ Membership

\_\_\_\_ Development

\_\_\_\_ Nominating

\_\_\_\_ Communications

\_\_\_\_ Legal Issues

\_\_\_\_ Volunteers

\_\_\_\_ Coach/Official Education

Will you be able to commit to monthly/quarterly meetings in person and sometimes monthly to weekly conference calls when needed?

\_\_\_\_ Yes

\_\_\_\_ No

Comments:

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

Are you a current US Lacrosse member?

\_\_\_\_ Yes; Member number \_\_\_\_\_

\_\_\_\_ No



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Please indicate briefly why you would like to volunteer on the US Lacrosse Chapters Advisory Council?

Please indicate briefly your chapter involvement, positions held etc...

Please indicate briefly what leadership positions and organization are involved with in your community?

Please indicate briefly what professional talents and experiences you bring to the US Lacrosse Chapters Advisory Council?

Please list the contact information for 3 references (2 lacrosse related and 1 non-lacrosse related):

Federal and State agencies request that we ask if you have ever been convicted of a felony?

- Yes
- No

*By completing this questionnaire, I indicate my desire and ability to serve a two-year term as a board and/or committee member of the Chapters Advisory Council of US Lacrosse. I understand that I will be required to commit significant time and involvement, and that my participation will be subject to annual review.*

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**WHEN COMPLETE SEND TO:**  
**US LACROSSE**  
**ATTN: ERIN STURGIS (CHAPTERS ADVISORY COUNCIL)**  
**113 WEST UNIVERSITY PKWY**  
**BALTIMORE, MD 21210-3300**  
**FAX: 410.889.0744**  
**EMAIL: [ESTURGIS@USLACROSSE.ORG](mailto:ESTURGIS@USLACROSSE.ORG)**