

## ARCHERY South Australia Inc

### BOARD NOMINATION FORM – ELECTED DIRECTOR

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#### ABOUT THE ARCHERY SA BOARD

ARCHERY South Australia is the State Sporting Organisation responsible for the governance, development and promotion of the sport of archery in South Australia. It is a not-for-profit organisation and is one of eight State and Territory Recognised Governing Bodies (RGBs) which make up the membership of the national body, Archery Australia.

The primary role of ARCHERY South Australia is to facilitate activities and events which encourage the participation in the sport of archery across the community. Its mission is to ensure the delivery of effective member services including high quality participation opportunities and work towards developing a pathway for achievement in the sport of archery.

The ARCHERY SA Board is a volunteer board that consists of five elected Directors with up to two additional appointed Directors. Portfolios for Directors will be determined by the Board. For position descriptions, [click here](#).

The Board's primary responsibility is one of trusteeship on behalf of its members and stakeholders, ensuring that ARCHERY SA remains viable and effective. The Board is ultimately responsible for all organisational matters and has a number of key roles including strategic planning, member/stakeholder involvement, organisational performance, reporting, policy formulation, legal compliance, management of financial resources and risk management.

Being a Board Director provides you with opportunities for personal and professional development. We strongly encourage nominations from those wishing to play an active role in the development of ARCHERY SA and its programs.

#### I WISH TO NOMINATE AS A BOARD DIRECTOR OF ARCHERY SA

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Name: \_\_\_\_\_ Affiliation No: \_\_\_\_\_

Club: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### SECONDED BY\*

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Name: \_\_\_\_\_ Affiliation No: \_\_\_\_\_

Club: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Must be a financial affiliate of Archery Australia and ARCHERY SA

## ARCHERY SA BOARD NOMINATION FORM

### WHAT EXPERTISE CAN YOU BRING TO THE ARCHERY SA BOARD?

Summarise experience, skills and qualifications you have acquired through employment, volunteer work and/or involvement in other activities, e.g. archery and other sport. Any further information or supporting documentation should be attached to this form.

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### LIST ANY CONFLICTS OF INTEREST (POTENTIAL, ACTUAL OR PERCEIVED)

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### LIST ANY POSITION(S) YOU HOLD IN A CLUB OR RSO (Regional Sporting Organisation)

(Including as an Officer, a Participant, a Delegate or an employee)

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### BRIEFLY EXPLAIN WHY YOU WOULD LIKE THIS ROLE

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In signing this form, I confirm my agreement to the nomination and acknowledge that the Elected Director's term will not begin until a Working With Children Check has been established.

*The Working With Children Check process commenced operation in South Australia on 1 July, 2019. The law requires all persons who are employed or volunteer to work with or are likely to work with children to undergo screening by the DHS (Department of Human Services).*

*This extends to Directors of ARCHERY SA. ARCHERY SA's Policy for Member Protection also requires ARCHERY SA Directors to obtain a Working With Children Check. Candidates must, in their nomination form, provide evidence that they hold a current, valid Working With Children Check issued by DHS or evidence that they have applied to DHS for a Working With Children Check.*

*A candidate, if elected, cannot commence duties unless a current, valid Working With Children Check is provided to ARCHERY SA.*

*For any queries regarding your Working With Children status, or if you are unfamiliar with the process (it should not preclude you from nominating), assistance can be sought from the ARCHERY SA Member Protection Information Officer at [memberprotection@archerysa.org.au](mailto:memberprotection@archerysa.org.au)*

Signature of Nominee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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**CLOSING DATE: CoB, Thursday, 21 September, 2023**

Email to: [secretary@archerysa.org.au](mailto:secretary@archerysa.org.au)

Post to: ARCHERY SA PO Box 6232 Halifax Street ADELAIDE SA 5000