

REGIONAL COMMISSIONER APPOINTMENT REQUEST

(Check One): COMMISSIONER CHANGE RE-APPOINTMENT NEW REGION

Please submit this form whenever there is a change in regional commissioner.

Section:	Area:	Region:	Date:
Communities served:		Zip codes served:	
Volunteer Application must be completed & returned with this form!			<i>For office use only: RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/></i>
Has the Area Director been notified and sent this form? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Term of Office: (Circle One) 1 Year 2 Years 3 Years Effective date: (mo/yr) _____			

Please the number(s) you would like publicized in the Executive Member Directory (EMD):
 HOME BUSINESS FAX

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home (_____) _____ Business (_____) _____
 AYSO (_____) _____ FAX (_____) _____
 E-mail _____

AYSO Experience: Coach for _____ years / Referee for _____ years / Other: _____ for _____ years
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I have reviewed the attached **regional commissioner position description** and the **conflict of interest policy statement**. I have had an orientation meeting with my area director on (mo/yr) _____. If appointed, I agree to perform the duties of regional commissioner within the parameters of the AYSO position description and be subject to the Organization's Bylaws, rules, regulations, policies, philosophies, standard regional guidelines and/or approved regional guidelines. I also agree to use my best efforts to attend/support AYSO meetings and programs regularly, as available, such as section meetings, NAGM and ARM Training.

Signed: _____ Date: _____
(REGIONAL COMMISSIONER NOMINEE)

Once complete, please send or fax (310-643-5310) a copy to the National Support Center (P.O. Box 5045, Hawthorne, CA 90251-5045) and send the original to your area director.

Area Director approval:

I, as area director, have verified that the nomination of the above named person as regional commissioner is consistent with the standard regional guidelines or the approved regional guidelines which I have reviewed, signed and believe to be consistent with the Organization's Bylaws, rules, regulations, policies and philosophies.

Signed: _____ Date: _____
(AREA DIRECTOR)

Section Director approval:

Signed: _____ Date: _____
(SECTION DIRECTOR)

Board of Directors approval:

Signed: _____ Date: _____
(NATIONAL SECRETARY)