

# REGIONAL COMMISSIONER APPOINTMENT REQUEST

(Check One):  COMMISSIONER CHANGE     RE-APPOINTMENT

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

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

Please  the number(s) you would like us to publicize in the Executive Member Directory (EMD):

HOME     BUSINESS     FAX     CELL

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home (    )	AYSO (    )
Bus (    )	Fax (    )
Cell (    )	e-mail: _____

<b>AYSO Experience:</b> 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 Introductory Management Training.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(REGIONAL COMMISSIONER NOMINEE)

**Please send the Area Director this original form for signature.**

**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: \_\_\_\_\_

**Section Director approval:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Board of Directors approval:** (National Secretary)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*You may send (or fax 310-643-5310) a COPY to the NSTC, P.O. Box 5045, Hawthorne, CA 90251-5045.*