



## **ATHLETES ADVISORY COUNCIL AND PARA ATHLETES ADVISORY COUNCIL NOMINATION FORM**

**PLEASE SUBMIT COMPLETED NOMINATION MATERIALS ELECTRONICALLY TO  
[ELECTIONS@USARCHERY.ORG](mailto:ELECTIONS@USARCHERY.ORG) BY 11:59pm MDT on May 17, 2024.**

Nominee's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### **USA Archery Athletes Advisory Council and Para Athletes Advisory Council Duties:**

The Athletes Advisory Council (AAC) and Para Athletes Advisory Council (Para AAC) advises the USA Archery Board of Directors and USA Archery staff on any issue relating to athletes or athlete rights. Council members represent the athlete membership and act as a voice on their behalf. They are responsible for broadening communication between USA Archery and active athletes. They review all athlete and staff selection procedures and provide input on other athlete related matters.

### **Athletes Advisory Council (AAC) Available Seats**

There are two (2) Recurve seats available, one (1) of which must be awarded to a male, and one (1) which must be awarded to a female.

### **Para Athletes Advisory Council (Para AAC) Available Seats**

There are three (3) Recurve seats available, a minimum of one (1) seat must be awarded to a female and a minimum of one (1) seat must be awarded to a male.

## **Eligibility**

To be eligible to vote or run for election, an individual shall be a citizen of the United States and eighteen years of age or older by December 31 of the year in which the election is held. Further, an individual shall be a member of USAA forty-five days prior to the date of the election (May 19, 2024) to be eligible to vote or run for election pursuant to Section 5.2. Finally, to vote or run for election on the AAC, an individual must be a 10 Year Athlete. To vote or run for election on the Para AAC, an individual must be a 10 Year Para Athlete.

10 Year Athletes (“Eligible Athlete”) are those individuals: (i) who have represented the United States as athletes in the Olympic Games, the Pan American Games, World Championships or World Cup competitions in the sport of Archery within the ten year period prior to the time of election (by the nomination deadline).

10 Year Para Athletes (“Eligible Para Athlete”) are those individuals: (i) who have represented the United States as athletes in the Paralympic Games, the Para Pan American Games, Para Pan Am championships or Para World Championships within the ten year period prior to the time of election (by the nomination deadline).

**Please select the position for which you are seeking nomination and check that you meet to eligibility criteria (select only one):**

### **Athletes Advisory Council**

I am a Recurve Athlete

I have represented the U.S. as an athlete at the Olympic Games, the Pan American Games, World Championships or World Cup competitions in the sport of Archery within the ten year period prior to the time of election (by the nomination deadline).

The Team and/or Event which qualifies me for this position (please include year):

\_\_\_\_\_

I am a citizen of the United States

I am at least 18 years old as of 12/31/2024

I am a member of USAA in good standing

***By checking this box, I affirm that I am seeking nomination to Athletes Advisory Council and that I meet the eligibility criteria listed above.***

**Para Athletes Advisory Council**

I am a Recurve Para Athlete

I have represented the U.S. as an athlete at the Paralympic Games, Para Pan American Games, Para Pan Am championships or Para World Championships within the ten year period prior to the time of election (by the nomination deadline).

The Team and/or Event which qualifies me for this position (please include year):

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I am a citizen of the United States

I am at least 18 years old as of 12/31/2024

I am a member of USAA in good standing

***By checking this box, I affirm that I am seeking nomination to Para Athletes Advisory Council and that I meet the eligibility criteria listed above.***

**ALL CANDIDATES****Please submit the following with your application:**

- **Resume or CV**
- **A Current Photo (Head Shot)**
- **Short Bio (500 words or less)**
- **[Conflict of Interest Form](#)**

The current photo and short bio will be used in a communication to introduce candidates to membership. It will also appear on the election ballot.

## NOMINEE CERTIFICATION

If nominated and elected to serve in the above-referenced position(s), I hereby certify by signing below that:

1. I am willing and able to serve, and I have the time available to serve in this position;
2. I will agree to be bound by the USAA Bylaws, policies, rules and procedures in my service in this position;
3. The statements and other representations made by me in my nomination materials are true, accurate, and correct, and I will update my information with USAA as any changes occur;
4. Nothing in my past history or current representations would present any conflict with my duties as a member of the above-named Advisory Council or present a potential embarrassment to USAA;
5. I understand that I will be required to complete and maintain a U.S. Center for SafeSport training and a USAA background screen that will include a review of both criminal and/or public records, and I agree to provide any additional documentation or information to permit USAA to complete a background screen concerning my service to USAA if asked;
6. I understand I must be a current member of USA Archery and maintain my membership throughout the duration of my appointment(s);
7. I understand that by accepting nomination and signing this certification I hereby consent to the release of any documents or other information to USAA concerning my background;
8. I agree to exercise due care in exercising my duties as a member of the Advisory Council listed above if selected and to otherwise follow the standards of conduct set forth in the USAA Bylaws for such service.
9. I have read the USAA Conflict of [Interest](#) Policy and completed the [Conflict of Interest Disclosure Form](#) and submitted with the application.

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

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

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