

## NOMINATION FORM FOR USOC ATHLETES' ADVISORY COUNCIL ALTERNATE POSITION

## COMPLETED MATERIALS SHOULD BE SUBMITTED ELECTRONICALLY TO CINDY CLARK at CCLARK@USARCHERY.ORG BY 5:00pm MT OCTOBER 15, 2018

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

Address:	_ City:	St:	Zip:
Phone:	Email:		
The Athletes' Advisory Council is re United States Olympic Committee/L of input and advice to the USOC/US	JSA Archery and	active athletes and	
The Alternate USOC Athletes' Advis Archery's Athletes' Advisory Counci through December 31, 2020.			
Nominees must meet the following	criteria:		
<ul> <li>(i) Those individuals who corcompound disciplines (Paraly</li> </ul>	•	rve discipline (Olym	pic) or recurve or
(and)			
<ul> <li>(ii) Have represented the United Games, Paralympic, Pan Amdesignated by USOC as Open prior to December 31, 2018.</li> </ul>	nerican or other m	najor international c	ompetitions
Please enter the event that qualifies	s the nominee for	this position as des	scribed above.
Event:			
Year:			
Nominees must also meet the follow	ving criteria:		

• Be a citizen of the United States;

• Be at least 18 years old;

Meet all requirements outlined in the <u>USOC AAC Bylaws</u>.

## PLEASE SUBMIT A ONE PAGE RESUME OR CV DETAILING THE EDUCATION OR EXPERIENCE IN YOUR BACKGROUND.

## NOMINEE CERTIFICATION

If nominated and elected to serve in the above-referenced position, I hereby certify 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 USA Archery Bylaws 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 that I will update my information with the USA Archery 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 council or present a potential embarrassment to USA Archery;
- 5. I understand that I may be subject to, and I agree to be subject to, a reasonable background investigation that may include a review of any criminal or public records, and I agree to provide any additional documentation or information or execute any additional documents to permit USA Archery to complete any background investigation into me concerning my service to USA Archery if asked;
- I understand that by accepting nomination and signing this certification I
  hereby consent to the release of any documents or other information to
  USA Archery concerning my background;
- 7. I agree to exercise due care in exercising my duties as a member of the committee listed above if selected and to otherwise follow the standards of conduct set forth in the USA Archery Bylaws for such service.

Signature	
Printed Name	
Date	