

Chair Volleyball Advisory Board Member Agreement

Please Print!

Your Site Name:	Your Team Name:
Your Name:	
Street Address:	Zip Code:
	Phone number:
Email address:	

By signing I agree to become a member of the Chair Volleyball Advisory Board with all the rights and responsibilities pertaining hereto.

Your Signature:	Date
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RESPONSIBILITIES- Members agree to:

- Attend or appoint a representative to attend at least 75% of the quarterly meetings
 - **Meeting Schedule** – all meetings begin at 10:00am
 - January 19 – Brookwood
 - April 20 – Springdale
 - July 20 – Cottingham
 - October 19 – Sharonville
- Agree to serve as a liaison between the coaches, captains, teams, and the Chair Volleyball Advisory Board.
- Communicate with coaches and/or team(s) prior to Advisory Board meetings about issues they would like addressed and included in the meetings agenda. Share this information with the Advisory Board.
- The Advisory Board has the right to weigh in on issues, especially those affecting access and safety of the league and its players. However, in accordance with the mission, the Advisory Board reserves the right to approve all final decisions.

Please sign and return to Advisory Board Chair.

Anna Breidenbach annab@springdale.org , Springdale Community Center

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