



Board Member 2009

Nomination Form

PERSONAL DETAILS *(please complete)*

I ----- wish to nominate for membership on the Roxby Downs Community Board.

Home Address -----

Postal Address - -----

Business telephone number *(if applicable)* -----

Home telephone number -----

Mobile Number *(if applicable)* -----

E-mail address *(if applicable)* -----

Gender *(please tick)*

Male

Female

What is the length of time that you have lived in Roxby Downs. *(please tick)*

Under 12 months

1-3 yrs

3-5 yrs

5-7 yrs

over 7 yrs

Age *(please tick)*

18-29yrs

30-39 yrs

40-49 yrs

50-59 yrs

over 60 yrs

FORUM AND PARTNERSHIP INVOLVEMENT

Every member will represent the Community Board on a Community Forum or Partnership. If you were successful in gaining a position on the Roxby Downs Community Board which sector of the community would you have a preference to support. *(Please mark, 1, 2 & 3 as your first, second and third preference.)*

- | | |
|--|---|
| <input type="checkbox"/> Alcohol & Substance Abuse | <input type="checkbox"/> Business |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Education and Workplace Training |
| <input type="checkbox"/> Sport and Recreation | <input type="checkbox"/> Family and Youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Environment | |

If you are unsuccessful in being selected to a position of the Board would you still like to be involved on one (1) of the Forums of Partnerships you selected? *(please tick)*

Yes No

REFEREES

Please list names addresses and contact details of two (2) referees that have endorsed your application and who can be contacted if required for further information.

Contact 1

Contact 2

SUMMARY

Thank You for your application and interest in contribution to your community. Please send your confidential nomination by post, marked Confidential to:

Michelle Hales
Executive Officer
Roxby Downs Community Board Inc
PO Box 85
Roxby Downs SA 5725