



WHO A DECLARATION OF CANDIDACY

Election of Directors. Each WHOA region will elect their directors by caucus at the WHOA annual meeting. Directors must live in and be voted on by the members of the region in which they serve. Anyone wishing to be elected as a WHOA Director must complete and submit a Declaration of Candidacy form. The form must be received by the WHOA by **July 1st** of the year in which the election will be held.

Please mail or email to: Bill Spohn, 17 Burning Wood Ct., Madison, WI 53704 by July 1 bspohn@offserv.com

I, _____, declare that I am

a candidate for a WHOA Director representing Region _____.

As a WHOA Director I understand that my responsibilities will include, but not be limited to:

- Representing the WHOA Board of Directors to officials in the director’s respective region by, for example:
 - Attending local WAHA region meetings;
 - Liaising with the local associations and referee schedulers within the region;
 - Promptly addressing registration, seminar and general officiating questions from officials and the public within the region;
 - Disseminate WHOA and USA Hockey information within the region.
- Assisting in conducting the USA Hockey seminar program and regional try-out camps;
- Working with WAHA in identifying qualified officials for state playoff and state tournament games and ensuring compliance with established WAHA/WHO A protocols:
- Being an active and positive influence for officials within the region by, for example:
 - Mentoring and evaluating officials, including evaluations at state tournaments using the WHOA method;
 - Guiding and advising officials confronted with challenging, unique, and other situations experienced during games;
- Attending and actively participating in WHOA Board of Director meetings, conference calls and committee meetings as directed by WHOA;
- Recommending officials for Tier I/II tournaments, WHOA Development Camp, USA Hockey Instructor Training Sessions and other USAH and WHOA advancement or volunteer opportunities;
- Serving as an officer of the WHOA Board;
- Chairing WHOA committees and/or participating in WHOA initiatives both which could lead to additional time commitments.

My current address is:

_____ City, Town, or Village _____ County

_____ Street _____ Apt.

My Phone Numbers are:

_____ Home _____ Work _____ Cell

My signature below indicates my willingness to commit to the above requirements.

_____ Signature

DO NOT WRITE BELOW THIS LINE

Date Received: _____

By: _____