



Application for Board Position

PLEASE TYPE OR PRINT – USE INK ONLY

Name:	
Address:	
Apt. No.:	
City/State/Zip:	USBC CARD #
Telephone – Home:	Telephone – Work:
Cell Phone:	E-mail:

BOARD POSITION INTERESTED IN:

What board position are you interested in: (check appropriate boxes):	President: <input type="checkbox"/>	1 st Vice President: <input type="checkbox"/>	2 nd Vice President: <input type="checkbox"/>
	Director: <input type="checkbox"/>	Director Representing Youth: <input type="checkbox"/>	

Please answer the following questions:

1. Have you held a league office? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what office did you hold?		
Office Held	League	Name of Association / Bowling Center

2. Have you been on any committees? ☐ YES ☐ NO

If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising)

3. Are you an active bowler, bowling in at least one certified league? ☐ YES ☐ NO

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4. Have you ever held an office in a bowling Association? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what office(s) have you held:	
Office Held	Name of Bowling Association

5. Are you currently involved with Youth Bowling? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to what extent:

6. Have you a working knowledge of Roberts Rules of Order Newly Revised? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have time to attend <u>ALL</u> meetings called by the President? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have time for any committee work? <input type="checkbox"/> YES <input type="checkbox"/> NO

7. List any other hobbies or talents you have that would benefit this board:

8. SafeSport and Registered Volunteer Program:
According to the Safe Sport Act of 2017, USBC requires all local board members complete the SafeSport training & enroll in the Registered Volunteer Program
Do you have a current RVP Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, RVP Expiration date: _____
If not, are you willing to obtain RVP certification within 45 days of start of term? <input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby consent to have my name submitted for election. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Applicant:		Date of Application:
Print Name:		

Forward Application to: WMUSBC PO Box 1014 Ridgeley, WV 26753 Email: wmusbc@outlook.com
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