Virginia Peninsula USBC Candidate Form

| Position applying for (Check one): | Officer | Board of Directors |
|------------------------------------------------------------------------------|---------------------|---------------------------------------------------|
| If applying for an officer position, you must | have been on a bowl | ing association board for a minimum of two years. |
| Name: | | |
| Address: | | |
| City: | | Zip: |
| Telephone (Include area code) | | |
| Home: | _ Cell: | Work: |
| Number of years USBC Member (Ir Have you ever been on an USBC B Yes No | • | · · · · · · · · · · · · · · · · · · · |
| If Yes, how many years and when | | |
| | | |
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| | | |
| Have you ever been convicted of a violation other than minor traffic vi | • | <u> </u> |
| If yes, explain: 1) nature of crime, (Convictions are not an automatic | • | ention, and 3) state in which convicted. ard.) |

| If yes, describe: nature of crime, 2) date issued, and 3) | county and state wh | nere issued. | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|--|
| Special Skills Please describe any special skills you have that you think will benef sheets and/or resume if necessary.) | it the association. (Attac | h additional | |
| Association History List present or most recent association position first. Attach addition Association Name: | Ş | | |
| Street Address: | Start Date: | End Date: | |
| City, State, Zip: | Association Phone: | | |
| May we contact this Association? Yes No | | | |
| Association Name: | _ Position Title: | | |
| Street Address: | Start Date: | End Date: | |
| City, State, Zip: | Association Phone: | | |
| May we contact this Association? Yes No | | | |

No

Do you have any pending criminal charges against you? Yes

List State and/or local Association Committee Assignments, beginning with the most recent office or assignment attach additional sheet if necessary.

| Committee | Association | Years Held (i.e. 95-98) |
|-----------|-------------|----------------------------|
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Please Read Carefully Before Signing This Form

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (whichever is applicable).

| Signature of Applicant: | | |
|-------------------------|---|--|
| 3 11 | | |
| Date: | _ | |

Mail To: **Candidate Form** Virginia Peninsula USBC P.O.Box 7510 Hampton, VA 23666