

Ada County USBC Association Board Application



[Mark Applicable Position(s)]

- ☐ President/Vice President (3-year term)
- ☐ Director (3-year term)
- ☐ USBC Idaho State Delegate
- ☐ USBC National Delegate
- ☐ Association Manager

Please type or print clearly in black ink

APPLICANT INFORMATION

Name (Last)		Name (First, Middle)	
Street Address		City, State, Zip Code	
Day Phone	Evening Phone		Cell Phone (optional)
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain; 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar from selection.)			

SPECIAL SKILLS [Use additional paper if necessary]

1. Describe office skills, software knowledge, office equipment experience, etc.
2. Describe any other skills you consider significant and relevant.

EDUCATION [Use additional paper if necessary]

	School Name/ Location	No. Years Attended	Major Subjects	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING COURSES - List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant. [Use additional paper if necessary]

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

REFERENCES:

Name	Mailing Address	Day Phone

ASSOCIATION / LEAGUE HISTORY – List present or most recent association/league position(s) first. Complete even if application is accompanied by a resume. [Use additional paper if necessary]

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
	From	To		
	From	To		
	From	To		

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
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	From	To		
	From	To		

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
	From	To		
	From	To		
	From	To		

PURPOSE OF APPLICATION: Provide the following. [Use additional paper if necessary]

1) Reason(s) why you are submitting this application to serve as a board member of the Ada County USBCA, Inc..

2) Identify your positive and effective qualities you will bring to the organization's leadership.

**Completed applications
must be postmarked 5 business
days before annual meeting**

**Send to: Ada County USBC
Gene Jefferies - Manager
13 N. Spiceland Pl.
Nampa, ID 83687**

Please Read Carefully Before Signing This Application

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

Signed by Applicant _____ Date: _____/_____/_____

Thank you for your interest in the Ada County USBC Association.