

Martin County USBC Board of Directors Application

Send Application to:

Email: mcusbc300@gmail.com or hand to a MCUSBC member

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:	1st Vice President: 2 nd Vice President:	Director: Auxiliary:
Were you referred by a past/current board member:	Yes No	lf so, who	

Please answer the following questions:

1. Have you held a league of	office? YES NO If so, what o	ffice 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: PTA School Family Dinner, Fundraising, Etc)			

3. Are you an active bowler, bowling in at least one certifie	ed league? YES NO	
4. Have you ever held an office in a bowling Association?	YES NO If yes, what office(s) have you held:	
Office Held	Name of Bowling Association	
5 . Are you currently involved with Youth Bowling? YI	ES NO If yes, to what extent:	
6. Have you a working knowledge of Roberts Rules of Ord	der Newly Revised? YES NO	
Do you have time to attend <u>ALL</u> meetings called by the		
Do you have time for any committee work? YES	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? YES NO If yes, RVP Expiration date:		
If not, are you willing to obtain RVP certification within 45 d	ays of start of term? YES NO	
I hereby consent to have my name submitted for election.	YES NO	

Signature of Applicant:	Date of Application:
Print Name:	