



# Metro Phoenix USBC Association Candidate Application



**Return to:**

Metro Phoenix USBC Association  
Attn: Nominating Committee  
3320 West Cheryl Drive, Suite B-123

**Seeking Nomination For:**

President	Director
Vice-President	National Delegate
	State Delegate

Phoenix, Arizona 85051

(Please circle all that apply)

<b>To have your name on the ballot, your application must be received no later than:</b>	 <b>April 30, 2019</b>
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**APPLICANT INFORMATION ~ Please type or print clearly in black ink.**

Name (Last, First, Middle)	USBC ID Number
Mailing Address	Telephone
City, State, Zip	E-mail Address

Have you ever been convicted of a crime or plead no contest to any offense or violation (Convictions are not an automatic bar from serving) other than minor traffic violations? ( ) Yes ( ) No  
If yes, explain 1.) Nature of crime, 2) Date of conviction, and 3) State in which convicted- on a separate sheet.

**TO BE COMPLETED BY ALL CANDIDATES:**

<b>Do you have:</b>	<b>YES</b>	<b>NO</b>
1. A working knowledge of USBC rules and regulations?		
2. A working knowledge of Robert's Rules of Parliamentary Procedures?		
3. Time to attend the Board of Directors Meetings and the Annual Meeting?		
4. Time to attend the various committee meetings to which you may be appointed?		
5. Time to attend league organizational meetings, deliver awards, and visit the center you may be assigned to on a regular basis?		
6. The ability to perform leadership functions required of the office to which you seek nomination?		
7. The ability to get along and work with others?		
8. Access to a computer at home?		
9. Access to a computer at work?		
10. A working knowledge of computers?		
11. Do you have access to e-mail?		
12. Experience in hosting tournaments?		
13. Experience holding office in your local league(s)? If yes, please list the office(s) and number of years you have held office. _____		
14. Are you presently bowling in an uncertified league?		
15. Have you ever been elected/appointed <b>and</b> served as a State Delegate? Years = _____		
16. Have you ever been elected/appointed <b>and</b> served as a National Delegate? Years= _____		
17. Have you previously held a position on the Metro Phoenix USBCA Board of Directors?		
18. Did you complete your term of office? If not, please explain the circumstances for not completing the term. _____		
19. Have you ever served as an Ambassador or on a Metro Phoenix USBCA committee?		
20. Are you a Registered Volunteer? If yes, date of expiration: _____		
21. Are you a USBC certified Lane Inspector?		

**EDUCATION**

School	Name & Location	Major Subjects	Diploma/Degree
High			( ) Yes ( ) No
			Type:
College			( ) Yes ( ) No
			Type:
Current Occupation	Employer	Days Worked	Hours

**Please Indicate any other areas of experience that are beneficial to the board of directors success. Please circle all that apply.**

Media- Social	Pro Shop Operator	Proprietor/Center Management
Media- Print	Certified Coach- Level One	Lane Inspection
Marketing	Certified Coach- Bronze	Tournament Director
Communication	Certified Coach- Silver	Volunteer Coordinator
Finance/Accounting	Certified Coach- Gold	Youth Leader

**ASSOCIATION HISTORY - List present or most recent association positions first.**


**Briefly describe why you want to serve on this board/committee and are seeking nomination for the position(s) indicated.**


**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.**

**Thank you for your interest in serving on the board of directors. Metro Phoenix USBC Association is a non- profit organization incorporated in the State of Arizona as a 501(c)(3). All members of the board of directors are responsible for the operation of the association. Although your service is on a volunteer basis, please realize that this is a professional organization and there is a time commitment required of board members to attend board meetings, committee meetings, conduct tournaments, attend league meetings and support the bowlers of the association. Please be sure you fully understand the commitment that is required prior to signing this application.**

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). I hereby consent to have my name placed in nomination for election/re-election to the office of \_\_\_\_\_ . I hereby consent to have my name submitted for another position, should this be the decision of the nominating committee. ( ) Yes ( ) No

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

