

## **Application for Auburn NY USBC Board of Directors**

## Mail Application to:

Auburn NY USBC PO Box 1009 Moravia, NY 13118

Email: auburnusbc@gmail.com

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:	1 <sup>st</sup> Vice President: □		2 <sup>nd</sup> Vice President: □	
1		Director: □	Direct	Director Representing Youth: □		
Please answer the following questions:						
1. Have you held a league office?   YES   NO If so, what office did you hold?						
Office Held	Lea	ague	١	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						
<b>4.</b> Have you ever held an office in a bowling Association? ☐ <b>YES</b> ☐ <b>NO</b> If yes, what office(s) have you held:						
Office Held Name of Bowling Association						
5. Are you currently involved with Youth Bowling?   YES   NO If yes, to what extent:						
6. Have you a working knowledge of Roberts Rules of Order Newly Revised?   YES   NO						
Do you have time to attend ALL meetings called by the President?   YES   NO						
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 days 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:						