

APPLICATION FOR: Southeastern Ohio USBC Board of Directors

Mail Application to:

Southeastern Ohio USBC 2026 Lake Rd. SE. Lancaster, Ohio 43130

Email: seohusbc@aol.com

PLEASE TYPE OR PRINT – USE INK ONLY

Name:						
Address:						
Apt. No.:						
City/State/Zip:	USBC CARD		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: •	Vice	Vice President: •		
Note: Candidates for President or V-President must have served on the board for at least a year.		Director: •	Youth	Youth Director: •		
Please answer the fo	llowing questions	s:				
Have you held a league office? • YES • NO If so, what office did you hold?						
Office Held	Lea	ague	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 certifie	d 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? • YES • NO If yes, to what extent:						
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 habbies or talents you have that would be	anofit this board.					
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 in the Registered Volunteer Program	local board members complete the SafeSport training & enroll					
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:						

Applications must be returned to nominating chair or mailed to the above address to be considered by the advertised deadline.