



APPLICATION FOR GREATER LAKE COUNTY USBC

Board of Directors/Officers

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: <input type="checkbox"/> | 1 st Vice President: <input type="checkbox"/> | 2 nd Vice President: <input type="checkbox"/> |
| | Director: <input type="checkbox"/> | Director Representing Youth: <input type="checkbox"/> | |

Please answer the following questions:

| 1. Have you held a league office? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what office did you hold? | | |
|---|--------|--------------------------------------|
| Office Held | League | Name of Association / Bowling Center |
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| 2. Have you been on any committees? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising) |
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| 3. Are you an active bowler, bowling in at least one certified league? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 4. Have you ever held an office in a bowling Association? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what office(s) have you held: | |
| Office Held | Name of Bowling Association |
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| 5. Are you currently involved with Youth Bowling? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to what extent: | |
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| 6. Have you a working knowledge of Roberts Rules of Order Newly Revised? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have time to attend <u>ALL</u> meetings called by the President? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have time for any committee work? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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| 7. List any other hobbies or talents you have that would benefit this board: | |
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| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, RVP Expiration date: _____ | |
| If not, are you willing to obtain RVP certification within 45 days of start of term? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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|---|--|----------------------|
| I hereby consent to have my name submitted for election. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Signature of Applicant: | | Date of Application: |
| Print Name: | | |

Mail application to:

**Greater Lake County USBC
Michael Jacobs
611 County Trail Court
Island Lake, Illinois 60042**

(Applications must be received by April 11, 2021 to be considered for election)