

**APPLICATION FOR GREATER LAKE COUNTY USBC**

**Board of Directors/Officers**

 **PLEASE TYPE OR PRINT – USE INK ONLY**

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| Name: |  |
| Address:Apt. No.: |  |
| City/State/Zip: |  | USBC CARD # |  |
| Telephone – Home: |  | Telephone – Work: |  |
| Cell Phone:  |  | E-mail: |  |

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| **APPLYING FOR BOARD POSITION:** |
| (Check appropriate boxes): | President:  | Vice President:  |  |
|  | Director:  | Sgt-at-Arms:  |

**Please answer the following questions:**

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| 1. Have you held a league office?  **YES**  **NO** If so, what office did you hold?
 |
| Office Held | League | Name of Association / Bowling Center |
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| 1. Have you been on any committees?  **YES**  **NO**

If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising) |
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| 1. Are you an active bowler, bowling in at least one certified league?  **YES**  **NO**
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| 1. 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 |
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| 1. Are you currently involved with Youth Bowling?  **YES**  **NO** If yes, to what extent:
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| 1. Have you a working knowledge of Roberts Rules of Order Newly Revised?  **YES**   **NO**
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| Do you have time to attend **ALL** meetings called by the President?  **YES**  **NO**  |
| Do you have time for committee work and help with tournaments on weekends?  **YES**  **NO**  |

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| 1. List any other hobbies or talents you have that would benefit this board:
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| 1. **SafeSport and Registered Volunteer Program:**
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| **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/SafeSport Certification?  **YES**  **NO** If yes, RVP Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  If not, are you willing to obtain RVP/SafeSport certification prior to election?  **YES**  **NO**  |

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| I hereby consent to have my name submitted for election.  **YES**   **NO**  |
| Signature of Applicant: |  | Date of Application: |  |
| Print Name: |  |

***Send application to:***

**Dianne Berry**

**dlfesanco@gmail.com**

**(Applications must be received by April 15, 2024, to be considered for election)**