

# Helena USBC Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address, City, Zip \_\_\_\_\_

Phone, Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

***Office you are applying for:***

President (2 yr) \_\_\_\_\_ Vice President (2 yr) \_\_\_\_\_ Sgt-at-Arms (2 yr) \_\_\_\_\_  
Director (2 yr) \_\_\_\_\_ Youth Director (2 yr) \_\_\_\_\_

Office(s) Held: League \_\_\_\_\_ Term \_\_\_\_\_  
City Assn \_\_\_\_\_ Term \_\_\_\_\_  
State Assn \_\_\_\_\_ Term \_\_\_\_\_

Do you work? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

All day? \_\_\_ No \_\_\_ Hrs \_\_\_\_\_ Part-time Yes \_\_\_ No \_\_\_ Hrs \_\_\_\_\_

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I am interested in being a delegate for: State (20\_\_-20\_\_) \_\_\_\_\_  
National (20\_\_-20\_\_) \_\_\_\_\_

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On the reverse side, please list your qualifications as well as experience relating to bowling, leagues you presently bowl in, family obligations, are your weekends free, etc.

If elected, you are required to obtain and maintain during your term, SafeSport & RVP (Registered Volunteer Program), within 6 weeks of elected position

***I hereby consent to have my name placed in nomination for the office of \_\_\_\_\_ -  
\_\_\_\_\_ and agree to serve if elected.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit application to **Helena USBC Nominating Committee** no later than **March 1<sup>st</sup>, 20\_\_**.  
Please keep a copy for your records.