

Helena USBC
Association Operations Manual

Appendix D – Board Application

Helena USBC Application Form

Last Name: _____ First Name: _____

Street Address, City, Zip: _____

Phone, Day: _____ Evening: _____ Cell: _____

Office you are applying for:

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

Office(s) Held: League: _____ Term: _____

Term: _____

City Assn: _____

Term: _____

State Assn: _____

Term: _____

Do You Work? Yes _____ No _____ If yes, where? _____

All day? Yes _____ No _____ Hrs _____ Part-time? Yes _____ No _____ Hrs _____

I am interested in being a delegate for: State (20__-20__) _____
National (20__-20__) _____

- You will need to be compliant with RVP requirements prior to working with youth or within 45 days of the start of your term, whichever occurs first and throughout elected term.

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

***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 _____, no later than March 1, 2021.

Please keep a copy for your records.