

## APPLICATION FOR SOUTH SOUND USBC Board of Directors

## Mail Application to:

South Sound USBC 4517 South M Street Tacoma, WA 98418 Email: ssusbc@southsoundusbc.com

## 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):			1st Vice President:		
	Director:				

## Please answer the following questions:

1. Have you held a league office?		so, what office did you hold?	
Office Held	League	Name of Association / Bowling Center	

2. Have you been on any committees?		
If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising)		

<b>3.</b> Are you an active bowle	r, bowling in at least one certified	d league? 🗌 YE	S 🗌 NO
4. Have you ever held an o	office in a bowling Association?		If yes, what office(s) have you held:
Office	Held	N	Name of Bowling Association
<u> </u>			
5. Are you currently involve	ed with Youth Bowling?	S 🗆 NO If ye	es, to what extent:
	willedge of Doborts Dulas of Out	ar Nautu Davia a 10	
6. Have you a working kno	owledge of Roberts Rules of Ord	er Newly Revised?	
Do you have time to atte	end <u>ALL</u> meetings called by the I	President? 🛛 YE	S 🗆 NO
Do you have time for an	y committee work?		
7. List any other hobbies of	r talents you have that would be	nefit this board:	
8. SafeSport and Registe	ered Volunteer Program:		
According to the Safe Spor the Registered Volunteer P		local board membe	ers complete the SafeSport training & enroll in
Do you have a current RVP	Certification?  YES  NC	D If ves. RVP	Expiration date:
It not, are you willing to obta	ain RVP certification within 45 da	ays of start of term?	
I hereby consent to have my nar	ne submitted for election. $\Box$	(ES 🗌 NO	
Signature of Applicant:			Date of Application:

Application needs to be turned into the office by April 1, 2025

Print Name: