



# APPLICATION FOR Waukesha USBC Board of Directors

**Mail Application to:**  
 Waukesha USBC  
 2440 W Sunset Dr  
 Waukesha, WI 53189  
 Email: waukeshausbc@yahoo.com

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

Name:	
Address:	
Apt. No.:	
City/State/Zip:	USBC ID #
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"/>	Vice President: <input type="checkbox"/>	Sgt-at-Arms:
	Director: <input type="checkbox"/>	Director Representing Youth: <input type="checkbox"/>	

**Please answer the following questions:**

<b>1. Have you held a league office?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    If yes, provide information about the office.</b>		
Office Held	League	Name of Association / Bowling Center

<b>2. Have you been on any committees?    YES    NO</b>	
If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising)	

3. Are you an active bowler, bowling in at least one certified league?	<b>YES</b>	<b>NO</b>
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4. Have you ever held an office in a bowling Association?	<b>YES</b>	<b>NO</b>	If yes, what office(s) have you held:
Office Held	Name of Bowling Association		

5. Are you currently involved with Youth Bowling?	<b>YES</b>	<b>NO</b>	If yes, to what extent:

6. Have you a working knowledge of Roberts Rules of Order Newly Revised?	<b>YES</b>	<b>NO</b>
Do you have time to attend <u>ALL</u> meetings called by the President?	<b>YES</b>	<b>NO</b>
Do you have time for any committee work?	<b>YES</b>	<b>NO</b>

7. List any other hobbies or talents you have that would benefit this board:

<b>8. SafeSport and Registered Volunteer Program:</b>
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? <b>YES</b> <b>NO</b> If yes, RVP Expiration date: _____
If not, are you willing to obtain RVP certification within 45 days of start of term? <b>YES</b> <b>NO</b>

I hereby consent to have my name submitted for election.	<b>YES</b>	<b>NO</b>
Signature of Applicant:		Date of Application:
Print Name:		