



# 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:**

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

2. Have you been on any committees? <b>YES</b> <b>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?      **YES**      **NO**

4. 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

5. Are you currently involved with Youth Bowling?      **YES**      **NO**      If yes, to what extent:

6. Have you a working knowledge of Roberts Rules of Order Newly Revised?      **YES**      **NO**

Do you have time to attend ALL meetings called by the President?      **YES**      **NO**

Do you have time for any committee work?      **YES**      **NO**

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

**8. SafeSport and Registered Volunteer Program:**

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?      **YES**      **NO**      If yes, RVP Expiration date: \_\_\_\_\_

If not, are you willing to obtain RVP certification within 45 days of start of term?      **YES**      **NO**

I hereby consent to have my name submitted for election.      **YES**      **NO**

Signature of Applicant:

Date of Application:

Print Name: