



2020 APPLICATION FOR NORTH COUNTY USBC Board of Directors

Mail Application to:
 Mr. Ross LaBar
 306 West El Norte Pkwy, Suite N95
 Escondido, CA 92026
 Email: rosslabar@gmail.com

PLEASE TYPE OR PRINT – USE INK ONLY

Name:		USBC CARD #
Address:		Apt. No.:
City/State/Zip:		E-mail:
Telephone – Home:	Telephone – Work:	Telephone – Cell:

BOARD POSITION INTERESTED IN:

What board position are you interested in? (Check the appropriate box). Eligibility for Vice President positions requires existing board membership of at least 1 year. Terms are 2 years.	1 st Vice President: <input type="checkbox"/>	3 rd Vice President (Youth): <input type="checkbox"/> (Age 14-18) Date of Birth: _____
	Director: <input type="checkbox"/>	Director Representing Youth: <input type="checkbox"/>

Please answer the following questions:

1. Have you held a league office? YES NO If yes, what office(s) did you hold?

Office Held	League	Name of Association / Bowling Center

2. Have you been on any committees? YES NO If yes, please list them: (IE.: Bowling All-Stars, , Fundraising)

3. Are you an active bowler, bowling in at least one certified league? YES NO

4. Are you currently bowling in an uncertified league? YES NO

5. 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

6. Are you currently involved with Youth Bowling? YES NO If yes, to what extent and in what capacity/position:

7. Do you have 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 to assist with association tournaments? YES NO
Do you have time for any committee work? YES NO

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

9. SafeSport and Registered Volunteer Program:
Per the Safe Sport Authorization Act of 2017, USBC requires that all local board members complete the SafeSport training & enroll in the Registered Volunteer Program. They are also required to maintain their compliance throughout their term.
Do you have a current RVP Certification? YES NO If yes, RVP Expiration date: _____
If not, are you willing & able 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:	

Attach resume to this form.

Elections are held at the Annual Membership Meeting, with voting done by all Association members present.