



**CARSON COUNTRY USBC
BOARD MEMBER APPLICATION**

Please complete the form below.

The Carson Country USBC does not discriminate based on age, race, gender, creed, ethnic origin, religion, nationality or physical disability.

Position applying for: President Vice President Director Youth Director

Applicant Information:

Date: _____

First Name:		Last Name:		Middle Initial:	
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Address:					
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City:		State:		Zip:	
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Phone:		Mobile:		Email:	
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Current Occupation:		Employer:	
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A voluntary answer to the following items will assist the Carson Country USBC Association in its commitment to maintain a diverse board.

Gender Male Female

Applicants must be at least 14 years of age to serve on the Board and 18 years of age to serve as an Officer of the Board.

Are you 18 years of age? Yes No

Background and References:

Please complete the form below. The Carson Country USBC does not discriminate based on age, race, gender, creed, ethnic origin, religion, nationality or physical disability. Please describe your past or current experience or participation with the sport of bowling: (league bowler, league officer, work experience in bowling center, youth coach tournament bowler, etc.)

Inclusive Dates	Positions

Why do you wish to serve on the Board for the Carson Country USBC Association?

Please list 3 references:

Name	Phone	Relationship

Do you Have?

1.	A working knowledge of USBC rules and regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Current membership in the Carson Country USBC Association.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Current RVP certification? (If you are elected or appointed to the board you must become RVP certified within 45 days of taking office. https://www.bowl.com/RVP/)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Time to attend monthly Board Meetings and the Annual Meeting.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Time to attend various committee meetings to which you may be appointed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	The ability to perform leadership functions required of the office to which you seek nomination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	The ability to perform all duties and responsibilities of the office in an unbiased manner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	The ability to get along and work with others.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	A working knowledge of computers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Availability on weekends to assist with tournaments and lane certifications.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Ability to present oral and/or written reports to the Board if required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

All information in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of any kind may result in denial or removal from office.

Signature of Applicant: _____ Date: _____

Please submit this application to:

Jonathan L. Smith
alarm_smith16@yahoo.com