

**APPLICATION FOR CARSON COUNTRY USBC**

**Board of Directors**



**Mail Application to:**  
 Carson Country USBC  
 Attn: Nominating Committee  
 PO Box 22465  
 Carson City, NV 89721  
**Email:** [ccusbcnv@gmail.com](mailto:ccusbcnv@gmail.com)  
**Drop** in Adult Drop Box @ Centers

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

Name:	
Address:	
City/State/Zip:	To maintain a diverse board. (optional) <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>
Applicants must be at least 14 yrs. of age to serve on the Board & 18 yrs. of age to serve as an Officer of the Board. <b>Are you 18 years of age?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Telephone – Home: _____ Cell: _____ Work: _____	E-mail: _____
Current Occupation:	Employer: _____
Are you an active bowler, bowling in at least one certified league? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	USBC Card #: _____

**BOARD POSITION INTERESTED IN:**

What board position are you interested in: (check appropriate boxes):	President: <input type="checkbox"/>	1 <sup>st</sup> Vice President: <input type="checkbox"/>	2 <sup>nd</sup> Vice President: <input type="checkbox"/>
Delegate: National <input type="checkbox"/> State <input type="checkbox"/>	Director: <input type="checkbox"/>	Youth Director: <input type="checkbox"/>	

**Please List 3 References:**

Name	Phone	Relationship

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

**Please answer the following questions:**

1. Have you held a league office? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> If so, what office did you hold?		
Office Held	League	Name of Association / Bowling Center
2. Have you been on any committees? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		

If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising)

3. 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

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

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

Do you have a working knowledge of USBC rules and regulations?  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 Assist with Tournaments?  YES  NO

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

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

**According to the Safe Sport Act of 2017, USBC requires all local board members complete the SafeSport training (annually) & enroll in the Registered Volunteer Program (every 2 years)**

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:

**DEADLINE FOR APPLICATION: APRIL 8, 2022**