

GREATER FREDERICKSBURG USBC ASSOCIATION BOARD APPLICATION

Position Applying For: President VP #1 VP #2 VP #3 Sgt-@-Arms
 Adult Dir #1 Adult Dir #2 Adult Dir #3
 Youth Dir #4 Youth Dir #5 Youth Dir #6
 Volunteer

Name (Last)	Name (First, Middle)
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Street Address	Day Telephone ()
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City, State, Zip Code	Evening Telephone ()
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Email Address

USBC ID #	Do you currently participate in an unsanctioned league as a member or substitute? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you under 18 years of age? Yes No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.
(Convictions are not an automatic bar from Board acceptance.)

Do you have any pending criminal charges against you? Yes No
If yes, describe 1) nature of crime, 2) date issued, and 3) county and state where issued.

SKILLS & KNOWLEDGE

Do you have a working or better knowledge of:

USBC Rules and Regulations Lane Inspection/Certification Equipment Roberts Rules of Order
 Microsoft Word Microsoft Excel Microsoft PowerPoint Microsoft Access
 Email (used regularly) Other – Please specify

Courses – Please specify:

EDUCATION

School	Name and Location	# Years Attended	Major Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:

ASSOCIATION HISTORY – List present or most recent association positions first. Complete even if accompanied by a resume. Attach separate sheet if necessary

Association Name	Position Title	
Street Address	Start Date	End Date
City State, Zip	Association's Phone ()	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:	Reason for leaving	
Association Name	Position Title	
Street Address	Start Date	End Date
City State, Zip	Association's Phone ()	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:	Reason for leaving	
Association Name	Position Title	
Street Address	Start Date	End Date
City State, Zip	Association's Phone ()	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:	Reason for leaving	

REFERENCES – List three persons other than friends or relatives who have knowledge of your bowling background or education.

Name	Mailing Address	Phone No. (Day)

Please Read Carefully Before Signing This Form

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (which ever is applicable).

Signature _____ Date: _____

MAIL APPLICATION TO:

GFUSBC Nominating Committee
Attn: Robert 'Skip' Frey III, Association Manager
4517 Greenfield Drive
Fredericksburg, VA 22408

Phone: (540) 372-7870

Email: dgsmadden@aol.com