



SC USBC Board Application

Mail Application to:

Sandy Wallace
153 Sandy Lane.
Gaffney, SC 29340

Email: sandywallace1266@aol.com

Website: <http://www.scusbc.org/>

PLEASE TYPE OR PRINT – USE INK ONLY

Name:	
Address:	
Apt. No.:	
City/State/Zip:	USBC CARD #
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"/>	1 st Vice President: <input type="checkbox"/>	2 nd Vice President: <input type="checkbox"/>
	Director: <input type="checkbox"/>	Associate Director: <input type="checkbox"/>	

Please answer the following questions:

1. Have you held a league office? YES NO If so, what office 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: (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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what office(s) have you held:	
Office Held	Name of Bowling Association

5. Are you currently involved with Youth Bowling? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to what extent:	

6. Have you a working knowledge of Roberts Rules of Order Newly Revised? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have time to attend <u>ALL</u> meetings called by the President? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have time for any committee work? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, RVP Expiration date: _____	
If not, are you willing to obtain RVP certification within 45 days of the start of term? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I hereby consent to have my name submitted for election. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Applicant:		Date of Application:
Print Name:		

**Mail Application to: Association Manager, Sandy Wallace, SC USBC
153 Sandy Lane., Gaffney, SC 29340**