



# APPLICATION FOR CLARK COUNTY USBC BOARD



*Return Application to:*

CLARK COUNTY USBC  
2101 E EVERGREEN BLVD #103  
VANCOUVER, WA 98661  
Email: ccusbc@clarkcountyusbc.com

**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 <sup>st</sup> Vice President: <input type="checkbox"/>	2 <sup>nd</sup> Vice President: <input type="checkbox"/>
	Director: <input type="checkbox"/>	Director Representing Youth: <input type="checkbox"/>	

**Please answer the following questions:**

1. Have you held a league office? <input type="checkbox"/> YES <input type="checkbox"/> 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? ☐ YES ☐ NO If yes, what office(s) have you held:

Office Held

Name of Bowling Association

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

6. Have you 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 for any committee work? ☐ YES ☐ 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? ☐ 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: