



AUXILIARY / VOLUNTEER APPLICATION FOR THE SCUSBCBA BOARD

This form is to be completed by the applicant.

PLEASE PRINT OR TYPE

NAME _____ USBC CARD NO. _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

REFERRED BY: _____ PHONE# _____ EMAIL _____

Please indicate the offices that you have held and the years you held that position.

PRESIDENT:	VICE PRESIDENT:	SECRETARY:	TREASURER:	SGT-AT-ARMS:
DIRECTOR:	COMMITTEES:	DELEGATE:	NONE:	

Have you a working knowledge of USBC RULES and REGULATIONS?	YES	NO
Have you a working knowledge of ROBERTS RULES of PARLIAMENTARY PROCEDURES?	YES	NO
Have you been continuously active in the ASSOCIATION?	YES	NO
Do you have the time to visit local leagues when your services are required?	YES	NO
Will you attend all BOARD and OPEN meetings?	YES	NO
Are you available to attend events on the weekends?	YES	NO
Will you perform all duties assigned to you?	YES	NO
Are you bowling in an unsanctioned league?	YES	NO

What is your reason to be an Auxiliary/Volunteer to this Association?

What quality will you bring to this Association? Your Strength?

I understand that this is an Auxiliary/Volunteer position with no monetary funds to be paid. My time is the most valuable for this association that I can set aside to help when called upon.

I agree to serve when called.

SIGNATURE OF CANDIDATE: _____ DATE _____

PLEASE MAIL OR EMAIL THIS FORM TO:

Space Coast USBC BA
1954 Dawn Dr Melbourne, FL 32935
Email: spacecoastbowlingassociation@gmail.com