



APPLICATION Space Coast USBC BA Board of Directors

**Mail Application to:**

Space Coast USBC BA
1500 W Eau Gallie Blvd Ste C15
Melbourne, FL 32935

Email: association.manager@scusbcba.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:	1 st Vice President:	2 nd Vice President:
	Director:	Auxiliary:	

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
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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 <u>ALL</u> 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 15 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:				