

ILLINOIS STATE USBC OFFICERS AND BOARD OF DIRECTORS APPLICATION

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

CURRENT OCCUPATION: _____

LOCAL ASSOCIATION AFFILIATION: _____

DELEGATE TO A STATE CONVENTION: _____
Yes No How Many

BOARD POSITION INTERESTED IN:

1 st Vice President	_____ (3 Year Term)	Director #5	_____ (3 Year Term)
Sgt-At-Arms	_____ (3 Year Term)	Director #6	_____ (3 Year Term)
Youth Director #2	_____ (3 Year Term)	Director #7	_____ (3 Year Term)
Youth Director #3	_____ (3 Year Term)		

Applicants must be at least 14 years of age to serve on the Board and 18 to serve as an Officer of the Board.

If you are between the age of 14 and 17, please check here. _____

If you are 18 years of age or older, please check here. _____

Are you currently or are you willing to be RVP certified? _____ Yes _____ No

Do you have?	Yes	No
1. Working knowledge of USBC Rules & Regulations?	_____	_____
2. Working knowledge of Robert's Rules of Parliamentary Procedure?	_____	_____
3. Time to Attend Board Meetings when requested?	_____	_____
4. Ability to perform the duties and responsibilities of the office to which you seek and to perform them in an unbiased manner?	_____	_____
5. The ability to get along and work well with others?	_____	_____
6. The ability to present oral and written reports to the Board and membership if required?	_____	_____

LOCAL ASSOCIATION HISTORY – Please list any present and past Local Association Affiliations.

STATE ASSOCIATION HISTORY – Please list any present and past State Association Affiliations.

OTHER BOWLING RELATED ACCOMPLISHMENTS.

BRIEFLY DESCRIBE WHY YOU WANT TO SERVE ON THE BOARD?

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

Elected Officers and Directors are expected to attend all Illinois State USBC Board meetings, Committee meetings, participate in workshops and assist with Tournaments when needed. If you are elected to the Illinois State USBC Board of Directors, will you be able to give the necessary time for these functions? Yes _____ No _____

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 of position consideration. I authorize this Association to investigate my responses on this application.

If I am elected to an office with the Illinois State USBC Board of Directors, I will faithfully fulfill the duties of the office to which I am elected to the best of my ability.

Signature: _____

Date: _____

Return Form to:
by
Lisa Bumgardner, Nominating Chairman
68 Pine Drive
Sherman, IL 62684
lsbumgardner@aol.com

Forms must be Postmarked or Emailed
December 1, 2019.