



**Illinois State USBC Association
OUTSTANDING YOUTH VOLUNTEER
NOMINATION FORM**

Nominee's Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email (if known) _____

Local USBC Association: _____

Bowling Center(s) affiliation: _____

Registered Volunteer (Circle one) Yes No If Yes, date expires: _____

Please write a statement describing what your nominee has accomplished to foster, organize/support and promote certified youth bowling programs at the local, state and/or national level. Please include documentation of items supporting your nomination, such as nominee's prior recognitions through awards, articles, letters, etc. Please be specific. (Use additional sheet, if needed.) _____

Nominator's name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email: _____

Your affiliation/relationship with the nominee: _____

Please sign and date: _____ Date _____

Please attach any letters of recommendation (i.e. Association Board members, employers, clergy, etc.)
*Applicant may only receive the award once in a lifetime. Before an award is given four applications need to be received.

Mail to:

Outstanding Youth Volunteer
Patti Mauerman
25765 Eastpoint Rd., Tremont, IL 61568
pattimauerman@gmail.com

THE DEADLINE FOR FILING AN APPLICATION FOR CONSIDERATION IS DECEMBER 31, 2018.



Illinois State USBC Association OUTSTANDING YOUTH COACH

NOMINATION FORM

Requirements to apply: Must be a resident of Illinois but does not have to coach in Illinois

Nominee's Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email (if known) _____

Local USBC Association: _____

Bowling Center(s) nominee coaches at: _____

Number of years coaching youth bowlers: _____

Registered Volunteer? (Circle one) Yes No If Yes, date expires: _____

Level I, Bronze, Silver or Gold level instructor certificate # & year earned or any certificates earned. (not a requirement): _____

Occupation and Title: _____

Please write a statement on the nominee's history, service and accomplishments (use additional sheet, if needed).

Nominator's name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email: _____

Your affiliation/relationship with the nominee: _____

Please sign and date: _____ Date _____

Please attach any letters of recommendation (i.e. Association Board members, employers, clergy, family member etc.) Maximum of 3.

Mail to:

Outstanding Coach
Patti Mauerman
25765 Eastpoint Rd., Tremont, IL 61568
pattimauerman@gmail.com

THE DEADLINE FOR FILING AN APPLICATION FOR CONSIDERATION YEAR IS DECEMBER 31, 2018.