

Monmouth County USBC Association Board of Director's / Officer's Application

"Ensures the integrity and protects the future of the sport, provides programs and services and enhances the bowling experience."

Applying for: <small>(Circle any)</small>	President <small>(Elected in Even Numbered Years)</small>	Vice President	Director	Youth Director <small>(Must be 14 years of age)</small>
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***Note:** Applicants may apply for more than one position. Select **ALL** positions in which you are interested.

Applicant Information- Please type or print clearly in black ink.

Name (Last)	Name (First, Middle)	
Street Address	Day Telephone	
City, State, Zip	Evening Telephone	Cell Phone

Brief Personal Background- Skills you would bring to the Board:

Association History- List present or most recent association positions first. Complete even if accompanied by a resume'.

Association Name	Position/ Title
Describe Duties/ Responsibilities/ Committees served:	Reason for Leaving:
Association Name	Position/ Title
Describe Duties/ Responsibilities/ Committees served:	Reason for Leaving:
Association Name	Position/ Title
Describe Duties/ Responsibilities/ Committees served:	Reason for Leaving:

Training Courses- List any relevant academic or bowling honors, awards, scholarship, professional organization, volunteer activities, certificates, publication, licenses or any other information significant and relevant to service with this Association.			
Course/ Seminar	Organization Sponsoring	Content	Date(s) Attended

References- List three (3) people who have knowledge of your background		
Name	Mailing Address	Phone No. (Day

Please Read Carefully Before Signing This Form

I understand that if elected I am expected to attend meetings and participate in Association Projects and activities. I may be asked to represent the Monmouth County USBC Association during league play and tournaments. I understand I must be a certified member, in good standing, of the MCUSBC and that I must comply with all eligibility rules as specified by USBC Bylaws.

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial or removal from office (whichever is applicable).

Signed by Applicant: _____ Date: _____

Applications must be returned by February 20.

***Return applications to: John Barrett, Manager
14 Sophia Drive, Hazlet, NJ 07730-1172***

***Selected nominating committee to be filled in when
committee is selected***

Thank you for your interest in our Association.