WYOMING STATE USBC BOARD of DIRECTORS APPLICATION FORM (Yr 2)

Please fill out the form below and return to the Nominating Chair listed at end of application on or before 8/15/2024. Wyoming State USBC does not discriminate on the basis of age, race, gender, creed, ethnic origin, religion or physical disability.

If you are filling out this form for re-election to the board, check here:	
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BASIC INFORMATION (PLEASE PRINT)

Name:		Email address:			
Address:					
Daytime Phone:	Work Phor	ne:	Cell Phone:		
Current Occupation:					
Applicants must be at	t least 14 years of age	to serve on the Board	and 18 to serve	as an officer of the	
Board.					
	ween 14 & 17, please				
If you are 18 y	rears of age or older,	please check here:			
) (O(()			
List Qualifications:(re	quired per our bylaws	s) (<u>Officer position(s) r</u>	<u>nust be Current o</u>	r past BoD[5 years])	
Positions up for election this year:		President	((3 year term)	
		D D	(4)	(a ·)	
		Director Pos	itions (4) –	(3 year term)	
Position applying for:					
11 7 0					
Why do you wish to s	erve on the board for	· Wyoming State USBC	?		

BACKGROUND & REFERENCES

Please describe your past or current experiences or participation with the sport of bowling: (league bowler, league officer, work experiences in bowling center, youth coach, tournament bowler, etc)

Inclusive dates		Positions					
Continue on the back page or use	ovtra shoot(s) is	Fnoodod					
Continue on the back page or use extra sheet(s) if needed							
Please list 2 references:							
<u>Name</u>	<u>Phor</u>	<u>ie</u>	Relationship				
1. A working knowledge of USBC rules and regulations? 2. Current membership in Wyoming State USBC? 3. Time to attend Board Meeting in June and at the Jamboree in September? 4. Time to attend committee meetings to which you may be appointed to? 5. Ability to perform all duties & responsibilities of the office in an unbiased manner? 6. The ability to get along and work well with others? 7. Availability on weekends to assist with tournaments and lane certifications, if needed? 8. Ability to present oral or written reports to the board, if required? Y							
All information in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of any kind may result in the denial or removal from office.							
Signature of Applicant:			Date:				
NOMINATING CHAIR: F	orrest Cole						
6	10 West Frem	ont					
R	iverton, Wy 82	2501					
3	07-851-7621						
O	r send via e-m	ail to:					
f	orrestcole.56@	gmail.com					