

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 **8/15/2021**. 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:

BASIC INFORMATION (PLEASE PRINT)

Name:		Email address:	
Address:			
Daytime Phone:	Work Phone:	Cell Phone:	
Current Occupation:			

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 14 & 17, please check here: _____

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

List Qualifications:(required per our bylaws) (**Officer position(s)** must be Current or past BoD[5 years])

Positions up for election this year: President (3 year term)

Adult Director Positions **(3)** – (3 year term)

Youth Director Position **(1)** – (3 year term)

Position applying for: _____

Why do you wish to serve 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 extra sheet(s) if needed

Please list 2 references:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>

Do you have?

1. A working knowledge of USBC rules and regulations? ___ Y ___ N
2. Current membership in Wyoming State USBC? ___ Y ___ N
3. Time to attend Board Meeting in June and at the Jamboree in September? ___ Y ___ N
4. Time to attend committee meetings to which you may be appointed to? ___ Y ___ N
5. Ability to perform all duties & responsibilities of the office in an unbiased manner? ___ Y ___ N
6. The ability to get along and work well with others? ___ Y ___ N
7. Availability on weekends to assist with tournaments and lane certifications, if needed? ___ Y ___ N
8. Ability to present oral or written reports to the board, if required? ___ Y ___ N

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: Forrest Cole

 610 West Fremont
 Riverton, Wy 82501
 307-851-7621

 or send via e-mail to:
 forrestcole.56@gmail.com