



APPLICATION FOR LA CROSSE RIVER VALLEY USBC Board of Directors

Mail Application to:
 LA CROSSE RIVER VALLEY
 1633 ADAMS ST.
 LACROSSE, WI. 54601
 Lacrosse.bowling@gmail.com

PLEASE TYPE OR PRINT – USE INK ONLY

Name:	
Address:	
Apt. No.:	
City/State/Zip:	USBC CARD #
Telephone – Home:	Telephone – Work:
Cell Phone:	E-mail:

BOARD POSITION INTERESTED IN:			
What board position are you interested in: (check appropriate boxes):	President: <input type="checkbox"/>	1 st Vice President: <input type="checkbox"/>	Sergeant of Arms: <input type="checkbox"/>
	Director: <input type="checkbox"/>	Director Representing Youth: <input type="checkbox"/>	

Please answer the following questions:

1. Have you held a league office? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what office did you hold?		
Office Held	League	Name of Association / Bowling Center

2. Have you been on any committees? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list them: (example: Bowling All-Stars, PTA School Family Dinner, Fundraising)

3. Are you an active bowler, bowling in at least one certified league? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. Have you ever held an office in a bowling Association? YES NO If yes, what office(s) have you held:

Office Held	Name of Bowling Association

5. Are you currently involved with Youth Bowling? YES NO If yes, to what extent:

6. Have you a working knowledge of Roberts Rules of Order Newly Revised? YES NO

Do you have time to attend ALL meetings called by the President? YES NO

Do you have time for any committee work? YES NO

7. List any other hobbies or talents you have that would benefit this board:

8. SafeSport and Registered Volunteer Program:

According to the Safe Sport Act of 2017, USBC requires all local board members complete the SafeSport training & enroll in the Registered Volunteer Program

Do you have a current RVP Certification? YES NO If yes, RVP Expiration date: _____

If not, are you willing to obtain RVP certification within 45 days of start of term? YES NO

I hereby consent to have my name submitted for election. YES NO

Signature of Applicant:		Date of Application:
Print Name:		