

## WYOMING STATE USBC BOARD of DIRECTORS APPLICATION FORM (Yr 1)

Please fill out the form below and return to the Nominating Chair listed at end of application on or before **8/15/2017**. 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:

Adult Director Positions **(4)** – (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?

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### **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 82520  
                                  307-851-7621(cell)  
                                  or send via e-mail to:  
                                  [forrestcole.56@gmail.com](mailto:forrestcole.56@gmail.com)