## FLORIDA STATE UNITED STATES BOWLING CONGRESS



## **CANDIDATE APPLICATION**



Please type or print clearly in black ink
All questions must be answered as completely as possible

Name:							
Address:							
City, State & Zip:							
Day Phone:							
Evening Phone:							
Cell Phone:							
E-mail Address:							
Association:							
USBC Nat'l. ID #:							
	POSITION SE	FKING					
President	Vice President Director	Sgtat-Arms	Youth Direct	or			
	Circle One						
Would you co	nsider being recommended, by the	Nominating	Yes	No			
Committee, f	for a position other than the one yo	u selected?					
ASSOCIATION HISTORY							
	Please list all positions held, committees served or	and number of years served o	n each				
,	Position/Committee			# of Yrs.			
State Association:							
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			<del></del> =				
			<del></del> -				
			<del></del> _				
	Position/Committee			# of Yrs.			
LOCAL:							
			<del></del> -				

	Position/Committee		# of Yrs.	
LEAGUES:		•		-
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NATIONAL:	Position/Committee		# of Yrs.	
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OTHER ORGANIZATIONS				
& AFFILIATIONS:		-		•
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HONORS:				
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Б. 1				
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Job Responsibilities:  Length of Employment:				
				•
Organizations & Titles.				-
List all associations (state/loc) t	hat the above pertain to	May we		
		this asso Yes	ociation? No	
Association Name:				
Address/City/St/Zip:				
	Г	Yes	No	T
Association Name:			<u> </u>	
Address/City/St/Zip:		**	N.T.	
Association Name:	[	Yes	No	Ī
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## **ELIGIBILITY**

- 1. To be eligible for nomination to the board of directors, applicants MUST be a member in good standing of USBC and a local USBC association within the State of Florida at the time of submission of this application and throughout their term in office.
- 2. Successful applicants must either have, or upon election, obtain and maintain approved USBC Registered Volunteer and Safesport Training Certified status.

	Safesport Training Certified status.				
2. 3.	J HAVE: A working knowledge of USBC rules and A working knowledge of Roberts Rules of Been continuously active in your local as a. League participation? b. Association meeting attendand c. Annual association tournamer The time to travel for planned assignmen Will you, unless providentially hindered, of the state association when called an	of Parliamentary Proced sociation?  ce?  at participation?  ts and/or meetings?  attend all board and ope	en meetings		
-	Represent the interests of all people served. Not use my service on this board for my of Keep confidential information confidential. Approach all board issues with an open material Do nothing to violate the trust of those we recurrence authority as a board members.	own personal advantage al. nind, prepared to make ho elected or appointed sociation and not on my	and not favor special in or for the advantage of the best decisions for ever me to the board or of the personal goals.	f my friends or supporters. veryone involved. nose we serve.	
I, (print	Signature			Date consent to have my n	
I unders from off	rmation contained in this applicate stand that misrepresentations or fice (which ever is applicable). Try to serve as a member of the F	omissions of any I have read, under Florida State USBO	kind may result it stand and agree t	n denial or removal to the requirements	
	(Must be signed, NOT t	yped)			
	information can be listed on a separate shape of the complete the Application AND				ISTED BELOW.
	то:	Debbie Whitten Michael Greene Ashley Chisano Bobby Taylor FS-USBC	jondebwhit@earthlir mkgre41284@hotma ashleychisano8@gm blt517@comcast.net floridastateusbc@gm	ail.com ail.com nail.com	
IF EMAIL	L IS NOT AVAILABLE, PLEASE MAII	L THE APPLICATION	TO THE ADDRESS	LISTED BELOW:	
	TO:	Debbie Whitten 3810 S.E. 4th St.			

DEADLINE . . . . . . POSTMARKED NO LATER THAN \*\*JULY 31st\*\*