

| | Position/Committee | # of Yrs. |
|-----------------|--------------------|-----------|
| <i>LEAGUES:</i> | _____ | _____ |
| | _____ | _____ |
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| | _____ | _____ |

| | Position/Committee | # of Yrs. |
|------------------|--------------------|-----------|
| <i>NATIONAL:</i> | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

| | Position/Committee | # of Yrs. |
|--|--------------------|-----------|
| <i>OTHER ORGANIZATIONS & AFFILIATIONS:</i> | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

| | | |
|----------------|-------|-------|
| <i>HONORS:</i> | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Employment: _____

Position Held: _____

Job Responsibilities: _____

Length of Employment: _____

Organizations & Titles: _____

List all associations (state/loc) that the above pertain to

| | |
|----------------------------|---|
| Association Name: _____ | May we contact this association? |
| Address/City/St/Zip: _____ | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Association Name: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| Address/City/St/Zip: _____ | |
| Association Name: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| Address/City/St/Zip: _____ | |

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.

DO YOU HAVE:

1. A working knowledge of USBC rules and regulations? _____
2. A working knowledge of Roberts Rules of Parliamentary Procedure? _____
3. Been continuously active in your local association? _____
 - a. League participation? _____
 - b. Association meeting attendance? _____
 - c. Annual association tournament participation? _____
4. The time to travel for planned assignments and/or meetings? _____
5. Will you, unless providentially hindered, attend all board and open meetings of the state association when called and perform all duties assigned to you? _____

LEADERSHIP CODE OF ETHICS

As a member of this board, I will:

Represent the interests of all people served by this organization, and not favor special interests inside or outside of this association. Not use my service on this board for my own personal advantage or for the advantage of my friends or supporters.
 Keep confidential information confidential.
 Approach all board issues with an open mind, prepared to make the best decisions for everyone involved. Do nothing to violate the trust of those who elected or appointed me to the board or of those we serve.
 Focus my efforts on the mission of the association and not on my personal goals.
 Never exercise authority as a board member except when acting in a meeting with the full board or as I am delegated by the board.

Signature

Date

I, (print name) _____ hereby give my consent to have my name placed in nomination for a position on the FLORIDA State USBC Bowling Association's Board of Directors. New applicants: Please attach a letter of endorsement from your local association.

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (whichever is applicable). I have read, understand and agree to the requirements necessary to serve as a member of the Florida State USBC Board of Directors.

Signature

Date

(Must be signed, NOT typed)

Be prepared to answer the following question: Why do you want to serve on the State Board? Tell us something about yourself not on the application.

PLEASE COMPLETE THE APPLICATION AND EMAIL TO THE NOMINATING COMMITTEE EMAIL LISTED BELOW.

TO: nominating@floridastateusbc.com

IF EMAIL IS NOT AVAILABLE, PLEASE MAIL THE APPLICATION TO THE ADDRESS LISTED BELOW:

**TO: Ashley Chisano
6570 Fillmore St.
Hollywood, FL 33024**

DEADLINE . . . POSTMARKED NO LATER THAN **JUNE 30******