

Greater Grand Rapids USBC Association
Candidate & Delegates Form
Return completed forms to: Nominating Committee – 2405 A Porter SW – Wyoming MI 49519
MUST BE POSTMARKED BY APRIL 25, 2019

Note: If you have additional information you would like the committee to consider, please include it with this application.

Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Telephone: Home (_____) _____ Business (_____) _____ ext _____

National ID No. _____ Years as an ABC/WIBC/USBC Member _____

Name of certified league(s) of which you are a regular member this season:
 _____ Games to date _____
 _____ Games to date _____
 _____ Games to date _____

Have you previously held a league office? _____ If so, what office? _____

Total number of years? _____ Are you presently bowling in any non-certified leagues? _____

1. Do you have a working knowledge of USBC rules and regulations? _____
2. Do you have a working knowledge of *Robert's Rules of Order*, Parliamentary Procedure? _____
3. Do you have time to serve on committees and attend 6-7 board meetings each year? _____
4. Are you currently serving on a local association board? _____
 If yes, name of association: _____
5. Have you attended Local Association Annual Meetings? _____ What years? _____
6. All candidates for an Officer position are required to have served as a Director for at least 3 years, within the last 6 years, on the local Grand Rapids Board. What years did you serve?

7. If elected, **you will be required** to complete the SafeSport/RVP training within 45 days of election. The RVP (Registered Volunteer Program) is a background check. Are you willing to complete this training and background check? _____

EMPLOYMENT OR BUSINESS OWNERSHIP:
All candidates: Are you currently employed? _____

List past/present employment

Name of Firm	Position	Job Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offices and/or affiliations in organizations not related to bowling:

PAST & PRESENT:

List Offices held:

National Officer _____ Yrs _____ National Director _____ Yrs _____
 (Title)
 State Officer _____ Yrs _____ State Director _____ Yrs _____
 (Title)
 Local Officer _____ Yrs _____ Local Director _____ Yrs _____
 (Title)
 Youth Program Director/Coach _____ Yrs _____
 (Title)

Committees	Chm	Mbr	# of Yrs	Committees	Chm	Mbr	# of Yrs
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Other current affiliations related to bowling: Give full organization name and your title:

*Attach additional page(s) if necessary

HONORS: related to bowling service/ability

STRENGTHS: talents, skills, traits

ASPIRATIONS: as a board member, things you hope to achieve, improve, or change

Please indicate if you have previously ran for election to a Local Bowling Association Board:

Yes ___ No ___. If yes, name of association and years: _____

Please complete ALL appropriate areas

I hereby consent to have my name placed in nomination for:

- Director
- Youth Director
- 2020 National Delegate
- 2020 Michigan State USBC

Signature of Nominee _____
 (Must be signed, not typed)

Date _____