

CLEVELAND OHIO USBC APPLICATION FOR THE BOARD OF DIRECTORS

National USBC requires all individuals elected to the Cleveland Ohio USBC Board of Directors to be compliant with the requirements of the Registered Volunteer Program (RVP) within 45 days from the start of their term. This involves completing the U.S. Center for Safe Sport training and passing a background screen through the National Center for Safety Initiatives (NCSI).

Completed application along with your bowling resume should be mailed / e-mailed to:

Cleveland Ohio USBC ATTN: Nominating Committee Chairperson 14950 Snow Road, Suite 100 Brook Park, Ohio 44142 <u>clevelandohiousbc@yahoo.com</u>

DEADLINE TO SUBMIT YOUR COMPLETED APPLICATION IS JUNE 2, 2025.

Candidate for the office of:

_____ 1st Vice President *

_____ Sergeant at Arms *

_____ Director

_____ Delegate to State Convention

_____ Delegate to National Convention

* In order to run for an officer position, you must be a member of the COUSBC Board for a minimum of one year.

CANDIDATE INFORMATION

| Name | | USBC # | |
|----------------|-------|------------|----------|
| Telephone # | | Cellular # | |
| Address | | | |
| City | State | | Zip Code |
| E-Mail Address | | | |

| Are you an active bowler this current season? If no, why? | | No | | | |
|---|----------------------|----|--|--|--|
| Do you bowl in any non-certified leagues? | Yes | No | | | |
| List all leagues (league name & bowling center) that you are currently a member of: | | | | | |
| | | | | | |
| | | | | | |
| Offices held at the National, State, Association, and/ | 'or League level(s): | | | | |
| Current Offices: | | | | | |
| | | | | | |
| | | | | | |
| Past Offices: | | | | | |
| | | | | | |
| | | | | | |
| Committees which you have served on (indicate if you were Chairperson): | | | | | |
| | | | | | |
| | | | | | |

| Additional | information | such as | attendance | at co | onventions | and/or | workshops | at the | National, | State | and |
|------------|----------------|---------|------------|-------|------------|--------|-----------|--------|-----------|-------|-----|
| Local (Ass | ociation) leve | els: | | | | | | | | | |

Professional or Business Background / Experience:

Social Organizations / Hobbies (if any):

| Candidate's Signature | Date | | | | |
|---|---------------------------------|--|--|--|--|
| | | | | | |
| Date Received by COUSBC Office: | Received by: | | | | |
| Date Received by COUSBC Nominating Committee: | Received by: Revised 04/2025 | | | | |