



CHAMPAIGN AREA USBC

APPLICATION FOR BOARD OF DIRECTORS

APPLICANT INFORMATION (Please type or print clearly in ink.)

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ (Day) _____ (Night)

Are you under 18 years of age? Yes No

If Yes, please give date of birth: _____

POSITION APPLIED FOR: _____

SPECIAL SKILLS

Please describe any special skills or experience you might have that would help you in performing your duties: _____

ASSOCIATION HISTORY

Please list present or most recent association positions first. Complete this section even if accompanied by resume: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

By signing below, I verify that all information contained in this application is true and correct to the best of my knowledge. I hereby consent to having my name placed in nomination for the Champaign Area USBC Association Board, understand the responsibilities and agree to serve, if elected. I understand that misrepresentations or omissions of any kind may result in denial of this application or removal from office. I also understand that if elected to the Board, I will be required to have a background screening as part of USBC's Registered Volunteer Program, if I am not already a USBC Registered Volunteer.

Applicant Signature

Date

