



Champaign Area USBC Association

Board of Directors Youth Representative Application

APPLICANT INFORMATION – Please type or print clearly in ink.

NAME: _____

STREET ADDRESS: _____ CITY: _____

PHONE: _____ (Day) _____ (Evening)

Email: _____ USBC NUMBER: _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____ YES _____ NO

Board of Directors Youth Representative Role

The role of the Youth Representative on the Board of Directors is to be an advocate for the youth bowlers who are members of the Champaign Area USBC Association and to represent the interests of the youth bowlers at Board meetings.

Term and Requirements

TERM – each Board of Directors Youth Representative serves a 2-year term. There is one position up for election. This application is for the term 8/1/10 – 7/31/12. Elections will be held at the next Champaign Area USBC Association annual meeting tentatively scheduled for June 2010.

Qualifications:

1. **SPECIAL SKILLS** – Please describe any special skills or experience you might have that would help you in performing your duties:

2. **ASSOCIATION / YOUTH BOWLING HISTORY** – List present or most recent association positions (include positions in men, women, or youth associations) OR other involvement in youth bowling activities. ALSO, explain why serving in the role of the Board of Directors Youth Representative is of interest to you.

Please read CAREFULLY before signing this form

I understand the responsibilities of being a Board of Directors Youth Representative include attending Board meetings and representing the interests of the Champaign Area USBC youth bowlers. I also understand that if elected, I will be required to consent to a background screening as part of USBC’s Registered Volunteer Program, if I am not already a USBC Registered Volunteer.

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 Youth Committee and agree to serve, if elected.

Signature: _____ Date: _____

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Please complete your application and include any additional information that you feel is pertinent. Any information you provide will be considered personal and confidential and will be handled as such. **Applications MUST be received by June 4, 2010 in order to be considered.**

Submit your application to: Carol Wakefield
1803 E. West Lake Dr.
Mahomet, IL 61853

or by email to wakefld@illinois.edu

QUESTIONS? Please contact Carol at the email address above.