

I would like to be considered for the office of _____ with
the Ohio State USBC Youth Association .

NAME _____ DATE _____

ADDRESS _____
Street City Zip

PHONE _____ HOME _____ OTHER _____

1. List the names of the USBC Certified leagues in which you currently participate

2. Please list the offices you have held in your league.

3. Please list the offices you have held in your local association.

4. How long have you been sanctioned or certified member?

5. Please detail your involvement in youth bowling. (A separate sheet of paper may be used)

6. Are you a registered volunteer? Yes _____ No _____ If yes, in what association?

7. Have you ever served as a local delegate to the state youth association annual meeting?
No _____ Yes _____ If yes, how many years _____

8. Are you a member of any other related bowling clubs or organizations?
No _____ Yes _____ if yes. Please list:

9. If employed , please give the name of your employer, position held, and length of employment.

10. List training or specific skills you have attained related to advancing the sport of youth
Bowling.

11. Please list at least three references who can attest to your bowling involvement.

Name, address, phone:

a. Name, address, phone:

b. Name, address, phone:

12. What attributes would you bring to the Ohio State USBC Youth Association
If elected?

I attest the information listed herein is true to the best of my knowledge and give the
Ohio State USBC Youth Association my permission to verify same.

Signed _____

Please complete and mail to a member of the 2009 Nominating Committee

Kathy Smith, Chairperson
4100 Circlewood Dr
Erlanger, Ky 43460

Jacqueline Balon
7405 S. R. 134
Lynchburg, Oh 45142

John Szemenyei
190 Steele Ave
Painesville, Oh 44077

The Committee will notify you of their decision
Thank you for your time and consideration to youth bowling