

GREATER CITRUS UNITED STATES BOWLING CONGRESS

**This form is to be completed by the candidate. Please answer ALL questions completely.
Use additional paper if necessary.**

POSITION OPENING : BOARD MEMBER

NAME: _____ **EVENING PHONE:** _____

ADDRESS: _____
Street City State Zip

EMPLOYED: YES or NO- TYPE OF WORK _____ **RETIRED: YES or NO**

SANCTIONED BOWLER: YES NO IF SO, HOW MANY YEARS: _____

ANY OFFICE HELD IN BOWLING ASSOCIATION AND NUMBER OF YEARS

(Such as President, Vice President, Treasurer, Sgt. Of Arms, Local, State, National Level)

OTHER ACTIVITIES AND OR ORGANIZATIONS:

SPECIAL INTERESTS OR HOBBIES AND HOW CAN THESE BEST BE USED IN THIS POSITION:

I WOULD LIKE TO SERVE ON THE G.C.U.S.B.C. BOARD OF DIRECTORS BECAUSE:

**WOULD YOU BE ABLE TO HELP OUT ON WEEKENDS WHEN THERE IS ARE
COUNTY TOURNAMENTS ? YES OR NO
(IF NO, EXPLAIN)**

ARE YOU BOWLING IN AN UNSANCTIONED LEAGUE? YES OR NO

BEEN ACTIVE IN YOUR ASSOCIATION OR LEAGUE? YES OR NO

HAVE A WORKING KNOWLEDGE OF LEAGUE RULES
AND REGULATIONS? YES OR NO

HAVE KNOWLEDGE OF ROBERTS RULES AND
REGULATIONS? YES OR NO

WILL YOU ATTEND ALL BOARD AND ASSOCIATION
MEETINGS UNLESS HINDERED: YES OR NO

WILL YOU PERFORM ALL DUTIES ASSIGNED TO YOU
TO THE BEST OF YOUR ABILITY? YES OR NO

HAVE TIME TO VISIT LEAGUES IN THIS COUNTY IF
NEEDED? YES OR NO

CAN BE OPEN MINDED AND OBJECTIVE? YES OR NO

HOW CAN YOU BE REACHED IF FURTHER EVALUATIONS ARE NEEDED:

I hereby submit my name to be considered for the opening position. And I agree to faithfully serve if appointed.

CANDIDATE'S SIGNATURE _____ DATE _____