

# APPOMATTOX RIVER USBC, INC.

## Board of Directors Candidate Form

**NOTE: Each member of the Board of Directors & any employees will be required to enroll in the USBC Registered Volunteer Program (RVP) upon being elected/ appointed/ hired to the Appomattox River USBC, Inc. Board of Directors. This program requires a mandatory criminal back-ground check. Directors will also have to take SafeSport course yearly (SafeSport is free to USBC members, when using link in there Bowl.com account)**

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Please type or print clearly.

Name: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Membership: (Circle one) Adult Youth USBC Number: \_\_\_\_\_

Attach additional sheet, if necessary.

1. Number of Years as USBC Member (including ABC, WIBC, YABA) \_\_\_\_\_
2. Have you ever worked with a USBC (ABC, WIBC, YABA, etc) National Association before?  
Yes No (Circle one) If yes, when? \_\_\_\_\_
3. Have you ever worked with a Local or State Association before? Yes No (Circle one)  
If yes, who & when \_\_\_\_\_
4. Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No (Circle one) ***Felony convictions are an automatic bar from serving on board.*** If yes, explain 1) nature of crime, 2) date of conviction, 3) state in which convicted
5. Do you have any pending criminal charges against you? Yes No (Circle one)  
If yes, describe 1) nature of crime, 2) date issued, 3) county and state where issued.

### Special Skills

Describe any special skills you have that you think will benefit the association.

(Attach additional sheets and/or resume.)

## Association History

List current or more recent association positions first. (Attach additional sheets, if necessary.)

Association Name	Position Title
Start Date	End Date
Committee Assignments	

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Start Date	End Date
Committee Assignments	

### PLEASE, READ CAREFULLY BEFORE SIGNING FORM

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind, may result in denial or removal from office (whichever is applicable.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail To:**

ARUSBC  
Sean McDaniel  
3013 Warfield Estates Place  
Chester, VA 23831

**Or Email to:**

scmcdaniel@hotmail.com