



**COLORADO STATE USBC  
BOARD OF DIRECTORS/OFFICER APPLICATION**

Applications must be submitted by March 31, 2018 to  
Sandra Eckert  
2420 West Mulberry Street  
Fort Collins, CO 80521  
jselbo@comcast.net

**ELIGIBILITY REQUIREMENTS:**

1. All candidates must be members in good standing of USBC and their local association at the time of election and remain in good standing throughout their term.
2. A candidate for an officer position must have served on a state board for a minimum of 3 years.

**POSITION FOR WHICH YOU ARE SEEKING ELECTION:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name (Last): \_\_\_\_\_ (First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

City/State: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Zip Code: \_\_\_\_\_ USBC Member Number: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Work Email Address: \_\_\_\_\_

Name of Local Association \_\_\_\_\_ Are you under 18 years of age? Yes ( ) No ( )

**QUALIFICATIONS – Please complete the following, beginning with the current season and work back. If additional space is needed, a separate sheet may be attached.**

**PRESENT:** Colorado State USBC Position Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

Colorado State USBC Position Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

Colorado State USBC Committees: \_\_\_\_\_

Local Association Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

Local Association Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

Local Association Committees: \_\_\_\_\_

League Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

CO State USBC Youth Participation: \_\_\_\_\_

**PAST:** USBC/WIBC/ABC Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

USBC/WIBC/ABC Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

USBC/WIBC/ABC Committees: \_\_\_\_\_ Number of years: \_\_\_\_\_

Colorado USBC/CWBA/CSBA Position(s) Held: \_\_\_\_\_ Number of years: \_\_\_\_\_

\_\_\_\_\_ Number of years: \_\_\_\_\_  
**Colorado USBC/CWBA/CSBA Committees:** \_\_\_\_\_

\_\_\_\_\_ Number of years: \_\_\_\_\_  
\_\_\_\_\_ Number of years: \_\_\_\_\_  
\_\_\_\_\_ Number of years: \_\_\_\_\_

**Local Association Committees:** \_\_\_\_\_

**League Position(s) Held:** \_\_\_\_\_ Number of years: \_\_\_\_\_  
\_\_\_\_\_ Number of years: \_\_\_\_\_

**CO USBC Youth/YABA Participation:** \_\_\_\_\_ Number of years: \_\_\_\_\_

**Special Appointments:** \_\_\_\_\_ Year: \_\_\_\_\_

**Honors:** \_\_\_\_\_ Year: \_\_\_\_\_

**CURRENT AND PAST:**

**Have you attended a USBC Leadership Training Seminar or equivalent program? Yes ( ) No ( )**

**If so, please explain:** \_\_\_\_\_

**Number of Colorado State USBC annual meetings attended since 2007** \_\_\_\_\_

**Number of Colorado State Workshops attended:** \_\_\_\_\_

**Number of USBC/ABC/WIBC Meetings/Conventions at which you served as a Delegate:** \_\_\_\_\_

**Number of Colorado State BA/WBA/YOUTH Annual Meetings attended prior to 2007** \_\_\_\_\_

**Number of Colorado State Annual Tournaments in which you have participated:** \_\_\_\_\_

**Number of Local Association Tournaments in which you have participated:** \_\_\_\_\_

**What is your vision for the Colorado State USBC Association?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Goals are important in any organization. What do you see as the Colorado State USBC association's primary goal and how would you address it?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The USBC has a Registered Volunteer Program which accomplishes a background check on all USBC volunteers. As a Board Member you must participate in this program.**

**Elected officers and directors are expected to attend all Colorado State USBC association board meetings, committee meetings, participate in workshops and assist when needed. If you are elected to the Colorado State USBC Board of Directors, will you be able to give the necessary time for these functions? Yes ( )  
No ( )**

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**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

**All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omission of any kind may result in denial of position consideration. I authorize this association to investigate my responses on this application.**

**If I am elected to an office with the Colorado State USBC bowling association Board of Directors, I will faithfully fulfill the duties of the office to which I am elected to the best of my ability and will make every effort to bring honor and credit to the Colorado State USBC bowling association.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**This application will be reviewed and evaluated by the Nominating Committee.**

*Thank you for your interest in the Colorado State USBC Association*