

# MINNESOTA STATE USBC ASSOCIATION

## ASSOCIATION MANAGER APPLICATION

(Please type or print clearly in blue or black ink)

### APPLICANT INFORMATION

Name (Last)	Name (First, Middle)
Street Address	Phone
City, State, Zip Code	Email Address
Are you under 18 years of age?    Yes    No	
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?    Yes    No	
If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar from service.)	

### EDUCATION

School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				Yes    No
College				Yes    No
Other Specify				Yes    No

**TRAINING COURSES** – List any relevant academic honors, awards, scholarships, professional organization, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to service at this association.

Course/Seminar	Organization Sponsoring	Content	Dates(s) Attended

**ASSOCIATION HISTORY** – list present or most recent State or Local association positions. Complete even if accompanied by a resume.

<b>Association Name</b>	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ( )	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
<b>Association Name</b>	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ( )	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
<b>Association Name</b>	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ( )	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	

**EMPLOYMENT HISTORY** – Complete even if accompanied by a resume.

<b>Employer</b>	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ( )	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
<b>Employer</b>	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ( )	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	

**SKILLS AND ABILITIES** – Describe the strengths you can bring to the Board if selected.

---

---

---

---

---

---

---

---

---

---

---

---

**OTHER** – List here any other information you feel would be pertinent in the selection process, including attendance at National, State, or Local bowling seminars, workshops, and other training sessions.

---

---

---

---

---

---

---

---

---

---

---

---

**REFERENCES** – List three persons (not relatives) who have knowledge of your bowling background, education and character.

Name	Mailing Address	Phone No.

**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 omissions of any kind may result in denial or removal from office (which ever is applicable).

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_