

Minnesota State USBC Association Youth Committee Application

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

Please submit this form to the State Office by March 15.

Application Information			
Name (Last)	Name (First,	Middle)	
Street Address		Day Telephone	
	()	
City, State, Zip Code	E	vening Telephone	
	()	
Are you under 18 years of age? Yes or Have you attended any MN State USBC You Do you have time to attend meetings of corn Do you have time to attend at least two conn Do you have time to assist at the Team Characteristics.	outh Committee meetings? Ynmittees to which you may be nmittee meetings and one men	appointed? Yes or No nbership meeting each year? Yes or No	
Have you ever been convicted of a crime or violations? Yes or No	r pleaded no contest for any of	fense or violation other than minor traffic	
If yes, explain 1) nature of crime, 2) dat an automatic bar from service.)	te of conviction, and 3) state	e in which convicted. (Convictions are not	
Association History – list present or mos accompanied by a resume.	t recent State or Local assoc	ciation positions. Complete even if	
Association Name	Position Title		
Street Address	Start Date	End Date	
City, State, Zip Code	Association Phone	May we contact this Association?	
Describe Duties/Responsibilities	Reason for Leaving	Reason for Leaving	
Association Name	Position Title	Position Title	
Street Address	Start Date	End Date	
City, State, Zip Code	Association Phone	May we contact this Association?	
Describe Duties/Responsibilities	Reason for Leaving		

SKILLS AND ABILITIES – Describe the strengths you can bring to the Youth Committee if selected.		
Why do you desire to be on the Youth Committee	ee?	
Please read carefully before signing this form.		
Thease read carefully before signing this form.		
	to the best of my knowledge and belief. I understand that esult in denial or removal from office (which ever is	
Signed by Applicant	Date	

Thank you for your interest in serving on the MN State USBC Association Youth Committee.