



APPENDIX C – APPLICATION TO SERVE AS AN ACTIVE VOLUNTEER/AUXILIARY MEMBER

York-Adams USBC Application to serve as an Active Volunteer/Auxiliary Member

Please print clearly or type information

Name _____

Occupation _____

Address _____

City _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

E-Mail Address _____

Center(s) you bowl at most often _____

Committees of your interest (check all that apply)

Annual Membership Meeting _____ Auditing _____ Awards _____

Awards Processing _____ Budget and Finance _____ Fundraising _____

Hall of Fame _____ Legislative/Bylaws & Policy _____ Membership Processing _____

Membership Promotions _____ Nominating _____ Secretaries Workshop _____

State and National Initiatives _____ Tournaments _____ Youth _____

List other interests: _____

If selected as a volunteer, are you willing to complete the annual Safe Sport and bi-annual Registered Volunteer Program (RVP)? _____ This may include other athlete safety initiatives.

Signature _____ Date _____