

# COMMITTEE APPLICATION

SouthEastern OHio USBC  
2026 Lake Rd. SE  
Lancaster, Ohio 43130

Date: \_\_\_\_\_

## APPLICANT INFORMATION - Please type or print clearly in black ink

Name (Last)			(First)			(Middle)									
Street Address				Day Telephone											
City, State, Zip Code				Evening Telephone											
If you are under 18 years of age?						<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Have you ever been convicted of a crime or pleaded no contest for an offense or violation other than minor traffic violations?									<input type="checkbox"/> Yes		<input type="checkbox"/> No				
If yes, explain 1) Nature of crime. 2) Date of conviction. 3) State in which convicted. (Convictions are not an automatic bar from employment.)															
Do you have any pending criminal charges against you?									<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Is yes, describe 1) Nature of crime. 2) Date issued, 3) County and State where issued.															
COMMITTEE APPLYING FOR:															
How were you referred to this Association?															
<input type="checkbox"/> Agency			<input type="checkbox"/> Walk -In			<input type="checkbox"/> Friend/Relative			<input type="checkbox"/> Newspaper			<input type="checkbox"/> School		<input type="checkbox"/> Other	

## SPECIAL SKILLS AND INTERESTS

Describe your processing speed, software knowledge, office equipment experience, and other managerial skill applicable.

Mark all areas of interest that apply to you.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accounting/Audits | <input type="checkbox"/> Graphic Design/Art Work        | <input type="checkbox"/> Recruiting       |
| <input type="checkbox"/> Advertising       | <input type="checkbox"/> Lane Inspection                | <input type="checkbox"/> Scholarships     |
| <input type="checkbox"/> Arbitration       | <input type="checkbox"/> Lane Representative            | <input type="checkbox"/> Senior Bowling   |
| <input type="checkbox"/> Awards            | <input type="checkbox"/> Marketing                      | <input type="checkbox"/> Special Programs |
| <input type="checkbox"/> BVL               | <input type="checkbox"/> Negotiations                   | <input type="checkbox"/> Tournaments      |
| <input type="checkbox"/> Charities         | <input type="checkbox"/> Newsletter                     | <input type="checkbox"/> Web Site         |
| <input type="checkbox"/> Coaching          | <input type="checkbox"/> Promotions                     | <input type="checkbox"/> Youth Bowling    |
| <input type="checkbox"/> Event Planning    | <input type="checkbox"/> Public Relations (Press/Media) |   |

**REFERENCES** - List three persons other than friends or relatives who have knowledge of your bowling background or education.

Name	Mailing Address	Phone # (Day)

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

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

Date: \_\_\_\_\_