



# OHIO STATE USBC

## QUALIFICATIONS OF PROSPECTIVE CANDIDATES

Please complete this application in its entirety and return by the deadline of February 1.

Incomplete applications may not be considered by the Nominating Committee.

**YOU MUST BE A MEMBER OF THE USBC REGISTERED VOLUNTEER PROGRAM AND SUCCESSFULLY PASS THE SAFESPORT TRAINING TO BE CONSIDERED AS A PROSPECTIVE CANDIDATE.**

**Do you have the capability to participate in Zoom communication? ( ) Yes ( ) No  
Please be advised Zoom communication may be a requirement for board service.**

Name: \_\_\_\_\_ USBC # \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Local Association: \_\_\_\_\_

**Candidate for the office of:**

( ) 2nd V. President

( ) Director # 1

( ) Director # 3

( ) Director # 2

( ) Director # 6

( ) USBC National Convention Delegate (2 delegates and 2 alternates to be elected)

Would you be willing to be put on the slate in a different position, other than the position indicated above, if the Nominating Committee feels your credentials would be better suited for another position? ( ) YES ( ) NO

**If additional space is required, please use other side, or submit attachment.**

Member of: (List all leagues and local associations)

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

Offices Held: (List all offices held – State, Local or League, and specify years)

Present:

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

Past:

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Committee Experience: (List all committee experience, indicate if Chair – State, Local or League, and specify years)

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List attendance information: (State and/or Local meetings and/or workshops, and specify years)

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List any contributions you have made or awards you have received in the sport of bowling:

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List any education, training, knowledge or skills you have which would be significant/relevant to this position:

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If employed, list employer, position and length of service:

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Indicate why you are applying for this position, and your vision for the Ohio State USBC:

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Are you currently enrolled in the USBC Registered Volunteer Program?     YES     NO

List any additional information you deem relevant which the Nominating Committee should consider:

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I certify all information contained in this application is true and accurate to the best of my knowledge and belief. I understand that misrepresentation may result in denial of my application.

Signature: \_\_\_\_\_

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

Please submit your completed application, no later than February 1, to any of the following.

**Ohio State USBC Nominating Committee**

Valerie Eckman — Chair  
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