

# Ada County USBC Association Board Application



**[Mark Applicable Position(s)]**

- President/Vice President (3 year term)
- Director (3 year term)
- Idaho State BA Delegate
- Idaho State WBA Delegate
- NIBC Delegate
- USBC National Delegate

**Please type or print clearly in black ink**

<b>APPLICANT INFORMATION</b>				
Name (Last)		Name (First, Middle)		
Street Address		City, State, Zip Code		
Day Phone	Evening Phone		Cell Phone (optional)	
Are you 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 any 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, and 3) state in which convicted. (Convictions are not an automatic bar from selection.)				
<b>SPECIAL SKILLS</b> [Use additional paper if necessary]				
1. Describe office skills, software knowledge, office equipment experience, etc.				
2. Describe any other skills you consider significant and relevant.				
<b>EDUCATION</b> [Use additional paper if necessary]				
	School Name/ Location	No. Years Attended	Major Subjects	Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRAINING COURSES</b> - List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant. [Use additional paper if necessary]				
Course/Seminar	Organization Sponsoring	Content	Date(s) Attended	
<b>REFERENCES:</b>				
Name		Mailing Address		Day Phone

**ASSOCIATION / LEAGUE HISTORY –** List present or most recent association/league position(s) first. Complete even if application is accompanied by a resume. [Use additional paper if necessary]

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
	From	To		
	From	To		
	From	To		

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
	From	To		
	From	To		
	From	To		

Association Name			Street Address	
City	State	Zip	Association Day Phone	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Term dates		Describe Duties/Responsibilities	
	From	To		
	From	To		
	From	To		

**PURPOSE OF APPLICATION:** Provide the following. [Use additional paper if necessary]

- Reason(s) why you are submitting this application to serve as a board member of the Ada County USBCA, Inc..
- Identify your positive and effective qualities you will bring to the organization's leadership.

<p><b>Completed applications must be postmarked on or before March 1<sup>st</sup> .</b></p>	<p><b>Send to: Larry Hull Association Manager 635 N. Tall Pine Place Meridian, ID 83642</b></p>
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**Please Read Carefully Before Signing This Application**

All information contained in this application is true to the best of my knowledge and belief. I understand misrepresentations or omissions of any kind may result in denial of application or removal from office (which ever is applicable). I also understand this is subject to a back ground check.

Signed by Applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Thank you for your interest in the Ada County USBC Association.**