



Liz DeHart
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YOUTH COMMITTEE
CANDIDATE APPLICATION FORM

PROPER NAME:

NICKNAME:

ADDRESS:

PHONE NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

REGION NUMBER:

ARE YOU USBC CERTIFIED? YES ___ NO ___

CERTIFICATION #

ASSOCIATION NAME:

ARE YOU A REGISTERED VOLUNTEER (RVP)? YES ___ NO ___

RVP EXPIRATION DATE:

ARE YOU CURRENTLY INVOLVED WITH A LOCAL YOUTH BOWLING PROGRAM?

YES ___ NO ___ NAME OF LEAGUE:

PLEASE ANSWER ALL QUESTIONS

INCOMPLETE FORMS WILL NOT BE CONSIDERED