



**FLORIDA STATE
UNITED STATES BOWLING CONGRESS
WOMEN'S BOWLING ASSOCIATION**



P. O. Box 1166

Dade City, Florida 33526-1166

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Candidate Resume Form and Information

The following positions will be subject to election for our Florida State USBC WBA Association at our annual meeting this year in DeLand on May on May 21, 2010.

PLEASE MAKE SURE RESUME FORMS ARE AVAILABLE TO ANYONE INTERESTED IN SEEKING A FLORIDA USBC WBA OFFICER'S OR DIRECTOR'S POSITION AT THE 2010 STATE ANNUAL MEETING.

Position	Current Position Holder	From
President	Toni Maddux	Daytona Beach
Director #1	Carolyn Allerheiligen	Emerald Coast
Director #2	Carolyn Redman	Orange Belt
Director #3	Bette Stift	South Brevard

PLEASE COMPLETE THE RESUME AND MAKE FOUR COPIES AND SEND AS FOLLOWS:

Original to: Chairman: Beverly Edens-Randolph 3301 Sabal Springs Blvd., N. Ft. Myers, FL 33917

Copies to each of the following: Members: Sue Harris 1316 E. Flora St., Tampa, FL 33604
Sandy Funk 1743 Wilshire Ct., Lakeland, FL 33813
Sharon Colon 10914 S.W. 155th Ter., Miami, FL 33157
Mary Alice Main 1009 Orange Woods Blvd., Rockledge, FL 32955

FS-USBC-WBA Office: Association Manager P. O.Box 1166, Dade City, FL 33526-1166

RESUMES MUST BE POSTMARKED NO LATER THAN **JANUARY 31st**

	Position/Committee	# of Yrs.
NATIONAL:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

OTHER ORGANIZATIONS & AFFILIATIONS:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

HONORS:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Employment:	_____
Position Held:	_____
Job Responsibilities:	_____
Length of Employment:	_____
Organizations & Titles:	_____

List all associations (state/loc) that the above pertain to		May we contact this association?	
		Yes	No
Association Name: _____		<input type="checkbox"/>	<input type="checkbox"/>
Address/City/St/Zip: _____			
Association Name: _____		<input type="checkbox"/>	<input type="checkbox"/>
Address/City/St/Zip: _____			
Association Name: _____		<input type="checkbox"/>	<input type="checkbox"/>
Address/City/St/Zip: _____			

ANNUAL STATE MEETINGS ATTENDED				
Will you be a delegate at this year's Annual meeting? () Yes () No				
	As Assn. Delegate	Association Name	As FWBA Officer/Director	Under What Name
2009 Melbourne:				
2008 Daytona Beach:				
2007 Greater Tampa:				
2006 Broward County:				
2005 St. Petersburg:				

ELIGIBILITY

1. To be eligible for nomination to the board of directors, applicants **MUST** be a Florida USBC WBA member in good standing in the state of Florida at the time of submission of this application and throughout their term in office.

DO YOU HAVE:

1. A working knowledge of USBC rules and regulations? _____
2. A working knowledge of Roberts Rules of Parliamentary Procedure? _____
3. Been continuously active in your local association? _____
 - a. League participation? _____
 - b. Association meeting attendance? _____
 - c. Annual association tournament participation? _____
4. The time to travel for planned assignments and/or meetings? _____
5. Will you, unless providentially hindered, attend all board and open meetings of the state association when called and perform all duties assigned to you? _____

LEADERSHIP CODE OF ETHICS

As a member of this board, I will:

- Represent the interests of all people served by this organization, and not favor special interests inside or outside of this association.
- Not use my service on this board for my own personal advantage or for the advantage of my friends or supporters.
- Keep confidential information confidential.
- Approach all board issues with an open mind, prepared to make the best decisions for everyone involved.
- Do nothing to violate the trust of those who elected or appointed me to the board or of those we serve.
- Focus my efforts on the mission of the association and not on my personal goals.
- Never exercise authority as a board member except when acting in a meeting with the full board or as I am delegated by the board.

Signature

Date

I, (print name) _____ hereby give my consent to have my name placed in nomination for a position on the FLORIDA USBC Women's Bowling Association's Board of Directors.

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (which ever is applicable). I have read, understand and agree to the requirements necessary to serve as a member of the Florida USBC WBA Board of Directors.

Signature
(Must be signed, NOT typed)

Date

Additional information can be listed on a separate sheet of paper and attached to each copy of the resumes.

PLEASE COMPLETE THE RESUME AND MAKE FOUR COPIES. PLEASE SEND ORIGINAL AND COPIES AS FOLLOWS:

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DEADLINE POSTMARKED NO LATER THAN **JANUARY 31st**

Additional information may be attached.