



**Roger Buckman**  
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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**