



INDY USBC ASSOCIATION YOUTH PROGRAM VOLUNTEER OF THE YEAR

Please provide adequate contact information for both parties.

Volunteer's Name: _____

Bowling Center: _____

Volunteer's Contact Information

Phone #: _____

Email Address: _____

Address: _____

Submitted By: _____

Phone #: _____

Email Address: _____

Address: _____

Please use the following criteria. Attach any documents or letters of recommendation to convey the candidate's qualifications.

How many years has the candidate been a part of a youth program? _____

Is the candidate a USBC Registered Volunteer? _____

Is the candidate part of any other youth affiliation, office or organization outside of bowling?

What is so special about this volunteer and why should they receive this award?

APPLICATIONS MUST BE SUBMITTED BY MIDNIGHT MAY 1st TO:

Indy USBC Association; **Attn: Youth Committee**
6433 E. Washington St., Suite 191; Indianapolis, IN 46219
or email to; indy81879assoc@att.net