

# Job Description

## Northwest Georgia USBC

P. O. Box 2615

Smyrna Georgia 30081

Approval: President Charles Waller

Board February 11, 2018

Date of Issue: February 12, 2018

## Applications Close April 8, 2018

**Position Title:** Association Manager

### Position Summary:

Association Manager is responsible for overseeing the operations of the association, providing administrative support and the coordination of services necessary to comply with USBC bylaws and policies and may require working evenings and weekends. For example: process membership, record retention, and financial stability.

### Supervised By:

Reports to and is selected/hired by the board, who will allocate additional human and financial resources on a task basis as necessary. Association Manager reports to the board on a regular basis (at least quarterly); to national as requested; and to the membership at least once a year.

### Supervises:

- Association Manager receives reports from staff and committee chairs.
- If staffed, paid clerical assistant(s) will report directly to the Association Manager.
- Volunteers assigned to support the Association Manager will report to the Association Manager for those tasks assigned by the Association Manager or association board.

### Duties and Responsibilities

In addition to the mandatory requirements in the USBC Bylaws and USBC Association Policy Manual, the duties and responsibilities of this position include but are not limited to the following:

- Additional Responsibilities
- Implement directives of the association board
- Responsible for hiring and managing office staff (if appropriate)
- Responsible for membership and awards processing
- Oversee membership recruitment
- Maintain averages and yearbooks
- Oversee public relations campaigns
- Responsible for organizing special events, tournaments, clinics
- Report as necessary to those governing bodies as directed

**Qualifications:**

The Association Manager should have knowledge of bowling; management, customer service, office and organizational skills; and basic computer skills. Knowledge of industry standard accounting software; Experience with processing USBC memberships and bowling league operations; Microsoft Word; and strong communication skills.

Throughout employment, an individual must be approved through the Registered Volunteer Program. (Merged and Non-merged Youth associations) Educational Requirements:

- High School diploma
- Communication training or experience
- Business management skills (finance, marketing, selling programs, organization, planning)
- Knowledge of bowling
- Interpersonal relationship skills (customer service)
- Knowledge of current technology (computers, etc.)
- Proven promotional abilities/success increasing membership/image of organization

# Association Employment Application

Northwest Georgia USBC  
P. O. Box 2615  
Smyrna Georgia 30081

Date: \_\_\_\_\_

## APPLICATION INFORMATION – Please type or print clearly in black ink

Name (Last)	Name (First, Middle)
Street Address	Day Telephone (     )
City, State Zip	Evening Telephone (     )
Email address	

Are there other names under which you have worked or attended school? Yes  No   
If yes, please list for reference checking purposes.

If you are under 18 years of age, do you have a work permit? Yes  No

(Note: You may need to alter this question based on state law requirements.)

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes  No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not automatic bar from employment.)

Do you have any pending criminal charges against you? Yes  No   
If yes, describe 1) nature or crime, 2) date issued, and 3) county and state where issued.

Have you ever applied for this association before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when:	Have you ever worked for this association before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when
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POSITION APPLYING FOR

PT or FT Desired	Salary Preference	Hours Available	When can you start?
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How were you referred to this association?  
 Agency     Walk-in     Friend/Relative     Newspaper     School     Other \_\_\_\_\_

**SPECIAL SKILLS**

1. Please describe processing speed, software knowledge, and office equipment experience.

2. Please describe other office equipment experience.

**EDUCATION**

School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

**TRAINING COURSES**-List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to employment at this association:

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

**EMPLOYMENT/ASSOCIATION HISTORY –List present or most recent employment and/or association positions first. Complete even if accompanied by a resume.**

Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
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Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving

**REFERENCES-List three persons other than personal friends or relatives who have knowledge of your bowling background or education.**

Name	Mailing Address	Phone No. (Day)

**Please Read Carefully Before Signing This Form**

1. 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 of employment or be cause for subsequent dismissal if I am selected/hired.
2. I authorize this association to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become selected/hired by this association, I recognize that this application is not and should not be considered a contract of employment. I understand that selection/employment at this association is on an at-will-basis and that my selection/employment may be terminated with or without cause, and without notice, at any time, at my option or the association's, unless specifically provided otherwise in a written selection/employment contract. I further understand that no association employee or representative has the authority to enter into a contract regarding duration or terms and conditions of selection/employment other than an officer or official of the association, and then only by means of a signed, written document.

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

Thank you for your interest in our association.