

VOLUNTEER APPLICATION

FILLMORE YOUTH FOOTBALL & CHEER ORGANIZATION

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Date: _____

Position Applying For: PRESIDENT VICE-PRESIDENT SECRETARY TREASURER CONFERENCE REP. GENERAL MGR./TEAM PARENT DIR.
EQUIPMENT MGR. SNACKBAR MGR. CHEER DIRECTOR WAYS & MEANS DIRECTOR FIELD & SAFETY DIRECTOR MEMBER-AT-LARGE COACH

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____ EMAIL: _____

BIRTHDATE: ____/____/____ DVL # _____

OCCUPATION: _____

EMPLOYERS ADDRESS: _____

Special Professional Training, Skills, Hobbies: _____

Community Affiliations (Clubs, Service Organizations, etc.): _____

Previous Volunteer Experience (Including Football/Cheer and Year): _____

Do You Have Children In The Program? Yes No If Yes, Please List Full Name and What Level?

Special Certification (CPR, Medical, etc.) _____

Have You Ever Been Convicted of or Pleaded Guilty to any Crime(s): Yes No

If Yes, Describe Each In Full: _____

Have You Ever Been Refused Participation In Any Other Youth Programs? Yes No

If Yes, Explain: _____

OVER 

Please List Three References, At Least One Of Which Has Knowledge of Your Participation As A Volunteer In A Youth Program:

NAME

PHONE NO.

AS A CONDITION OF VOLUNTEERING, I give permission for Fillmore Youth Football and Cheer Organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Fillmore Youth Football and Cheer Organization, the Officers and Volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Fillmore Youth Football and Cheer Organization is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the President and removal by the Board of Directors for violation of Fillmore Youth Football and Cheer Organization's By-Laws.

Applicant Signature _____

Date _____

Applicant Name (Please Print or Type): _____

LOCAL LEAGUE USE ONLY

Background Check Completed by League Officer _____
on _____

System(s) Used For Background Check (Minimum of ONE Must Be Checked):

Sex Offender Registry Criminal History Records Other

Only Attach To This Application Copies of Background Check Reports That Reveal Convictions of This Application

RECEIVED: (For Board Use Only)

Date: _____

Time: _____ AM/PM

By: _____