VOLUNTEER IN YOUTH SPORTS

Application Form

Volunteer Position Desired: _____
Full Legal Name of Applicant _____Date _____
Other Names (Maiden, Alias, etc)_____
Address _____
City_____**State** _____ **Zip** _____
Daytime Phone _____ **Evening Phone** _____
Date of Birth _____, 19___
Social Security Number _____ **Male** ___ **Female**___
Drivers License #_____ **State** _____ **Expiration Date**_____
Previous Address (List address if not at current address for 5 years)

_____
Street **apt#**

_____
City State Zip

Present Employer _____
Beginning Date of Employment_____
Address _____

_____
City State Zip
Position_____

Name of Supervisor _____

Past Employers (The past ten years)

Name of Company	**Name of Supervisor**
Address	**Ending Date of Employment**
City State Zip	**Position**
Name of Company	**Name of Supervisor**
Address	**Ending Date of Employment**
City State Zip	**Position**
Name of Company	**Name of Supervisor**
Address	**Ending Date of Employment**
City State Zip	**Position**

Trans Valley Youth Football League
Coaches Application

References (List 3 non family relations)

Name _____
Address _____ **Phone** _____
Name _____
Address _____ **Phone** _____
Name _____
Address _____ **Phone** _____

Date References Checked_____
Date Employment Checked_____

History of Applicant

Have you ever been arrested, charged or convicted of a crime?
___No ___Yes, ***if yes please provide details***
Explain

_____
_____
_____

Have you ever had or do you currently have a problem with drugs and/or alcohol?
___No ___Yes, ***if yes please provide details***

_____
_____
_____

What is your motivation to volunteer for this position?

_____
_____
_____

What experience do you have working with children?

_____
_____
_____

List any formal training that you have completed that is related to this position.

_____
_____
_____

Do you have Automobile Insurance? ___No ___Yes, Name of Company and policy number and coverage limits: _____
Attach copy of vehicle insurance card to back of form

Trans Valley Youth Football League
Coaches Application

As a Coach, I understand and agree that:

1. This organization can deny any applicant for any reason or for no reason at all.
2. This application is valid for ONE (1) years and a new application has to be completed immediately thereafter.
3. By submitting this application I, the applicant, affirm that all the foregoing information I have provided is true and correct.
4. By submitting this application I, the applicant, agree (in return for being permitted to volunteer) that if any of the foregoing information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
5. By submitting this application I, the applicant, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background check(s) and to inform those within the organization who are responsible for accepting and/or supervising volunteers.

Print Name:_____

Signature: _____

Date: _____

USA Football

Name of Organization: **Trans Valley Youth Football League**

Applicant's Name (printed) _____

Date of Birth _____ Social Security Number _____

Applicant's Address _____

City _____State _____Zip _____

I, _____, authorize and give consent for the above named Name of Applicant organization to obtain information regarding myself. This includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____Date:_____

Signature: _____