

RIVER CITY YOUTH FOOTBALL VOLUNTEER APPLICATION

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Tel _____ Work Tel _____

E-Mail _____

Date of Birth _____

Occupation _____ SS# _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Civic Clubs, Service Organizations: _____

Do you have children in the program? ___ Yes ___ No

If yes, at what level? _____

Special Certification (i.e. CPR, medical, etc.): _____

Driver's License # _____

Have you ever been convicted or plead 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

Please list 3 references, at least one of which has knowledge of your participation in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for Pioneer Youth Football to conduct a background check on me, which may include a review of sex offender registries, child abuse & 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 & agree to hold harmless from liability Pioneer Youth Football & the officers, employees & volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Pioneer Youth Football 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 & removal by the Board of Directors for violation of Pioneer Youth Football policies or principals.

Applicant Signature _____ Date _____

Applicant Name (Print) _____

NOTE: Pioneer Youth Football will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY

Background check completed by _____ Date _____

System used: ___ Sex Offender Registry ___ Criminal History Records

Only attach copies of background check reports that reveal convictions of this applicant