

SIX RIVERS YOUTH FOOTBALL CONFERENCE (SRYF)

Official 2010 Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____	Date: _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____		
Address: _____	Community affiliations (Clubs, Service Organizations, etc.): _____	
Telephone: _____	Email: _____	
City: _____	State: _____	Zip: _____
Mailing Address (if different): _____		Previous/current volunteer experience (e.g. baseball/softball and years): _____
	Do you have children in the program? YES _____ NO _____	
Previous states resided in the past 5 years: _____	If yes, at what level? _____	
Date of Birth: _____ (mm / dd / yyyy)	Special Certification (i.e. CPR, Medical, etc.): _____	
Social Security Number: <u>LAST 4 DIGITS, ONLY</u> _____	Have you ever been convicted of a felony? YES _____ NO _____	
Occupation: _____	If yes, provide your current legal status (parole, etc.) _____	
Employer: _____	Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____	
Address: _____	Have you ever plead guilty to, been convicted of or involved with any other type of crime? If yes, explain: YES _____ NO _____	
Do you have a valid driver's license? YES _____ NO _____		
Driver's License#: _____	State: _____	
	Have you ever been refused participation in any other youth programs? If yes, explain: YES _____ NO _____	

In which of the following would you like to participate? ("X" one or more.)

League Official: _____	Head Coach: _____	Board Member: _____	Equipment Manager: _____	Assist. Coach: _____
Team Mom: _____	Coach Trainee: _____	Trainer: _____	Student Demo: _____	
Other: _____				

Privacy Policy: Your privacy is important to us. SRYF does not sell or release contact information to any non-affiliated organization. All confidential information is maintained by your direct association, unless presented to SRYF board for granting an exception if you do not meet the minimum criteria for certification for a volunteer position. Please refer to the SRYF By-Laws for the minimum standards approved by the Executive Board, as revised May 2008.

Six Rivers Youth Football Conference (SRYF)

Official 2010 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, SRYF may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to SRYF and affiliated associations to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with SRYF's By-Laws. I understand and agree that, if appointed, my position is conditional upon the association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the SRYF Board of Directors, Executive Board Members, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, SRYF is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the association Board or SRYF Board of Directors for any and all violations of SRYF'S policies or principles as outlined in SRYF By-Laws. Furthermore, I hereby attest that all contact information provided herein is up to date.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, SRYF and any and all affiliated parties will be subject to binding arbitration in the locale of the Six Rivers Youth Football Conference, Inc. in Eureka, CA in accordance with California law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, SRYF and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

_____	_____
Applicant Signature	Date
Applicant Name (Print or Type): _____	

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

For Association Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer: _____
or
Background check completed by Association Board Member _____
or
completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Choicepoint, etc.)

**** NOTE:** A State Sex Offender Registry check alone is NOT sufficient to comply with SRYF's By-Laws supplemented by one or more of the above

LEAGUES: You must maintain copies of background check results at the association level for the duration of the volunteer's service.