

SIX RIVERS YOUTH FOOTBALL CONFERENCE (SRYF)

Official 20__ 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: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____
Mailing Address (if different): _____
Do you have children in the program? YES _____ NO _____
If yes, at what level? _____
Previous states resided in the past 5 years: _____
Date of Birth: _____
(mm / dd / yyyy)
Special Certification (i.e. CPR, Medical, etc.): _____
Social Security Number: LAST 4 DIGITS, ONLY _____
Have you ever been convicted of a felony? YES _____ NO _____
If yes, provide your current legal status (parole, etc.) _____
Occupation: _____
Have you ever been convicted of **any** crime involving or against a minor?
Employer: _____ 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 2009 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: _____ (Choicepoint, etc.)	State/Federal Criminal History Records: _____	FEDERAL Sex Offender Registry _____	Other (please explain): _____
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** 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.