

Stoneham Youth Football and Cheering Inc.

Official 20%\$ Volunteer Application (Complete BOTH Pages) Do NOT use forms from past 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 _____

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.): _____

Have you ever been convicted of a felony? YES _____ NO _____

Social Security Number: _____ 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 or been convicted of any other type of crime?

If yes, explain: YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____

Driver's License#: _____ State: _____

Conference/League Name: _____ Have you ever been refused participation in any other youth programs?

If yes, explain: YES _____ NO _____

Association Name: _____

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 Parent: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: _____

Privacy Policy: Please be advised that SYFC does not sell or release contact information to any non-affiliated organization.

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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, SYFC may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to SYFC 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 SYFC's child protection policy. I understand and agree 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 Stoneham Youth Football and Cheering Incorporated, 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, SYFC 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 Board of Directors for any and all violations of SYFC's policies or principles.

Binding Arbitration Policy

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, SYFC and any and all affiliated parties will be subject to binding arbitration in the locale of the SYFC Inc. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, SYFC 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: SYFC, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local 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 <u>Association</u> officer: _____
or _____
Background check completed by <u>League</u> officer: _____
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 Article 21 and MIUST be supplemented by one or more of the above

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