

# NJSYFL - Kenilworth Bears Volunteer Application

**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: \_\_\_\_\_ Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

(mm / dd / yyyy)

Social Security Number: \_\_\_\_\_ 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? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**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: \_\_\_\_\_

Association Name: \_\_\_\_\_

## NJSYFL - Kenilworth Bears

### Official Volunteer Application. (Page 2) Do NOT use forms from past years.

**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, The League 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 NJNJSYFL 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 NJNJSYFL'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 local NJSYFL, New Jersey Suburban Youth Football, 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, The League 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 New Jersey Suburban Youth Football policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant NJNJSYFL Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

_____	_____
<b>Applicant Signature</b>	<b>Date</b>
Applicant Name (Print or Type): _____	

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