

New Hampshire Youth Football & Spirit Conference

Official 2010 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.): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Work Phone & Extension _____

Email: _____ 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: _____ (at least last 4 digits) 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 or been convicted of 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 Parent: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: _____

Privacy Policy: Please be advised that the NHYFSC does not sell or release contact information to any non-affiliated organization. However, the NHYFSC and/or any sponsors may contact you about special offers and promotions from time to time. However, these sponsors are not permitted to retain your information for future use unless you specifically grant them permission. You may opt out of these communications at any time by contacting the NHYFSC.

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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, NHYFSC and/or Local Association 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 the NHYFSC and/or Local Association 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 the NHYFSC'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 NHYFSC, Local Association, 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, NHYFSC and/or Local Association 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 the NHYFSC and/or Local Associations policies or principles.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, NHYFSC and any and all affiliated parties will be subject to binding arbitration in the locale of the NHYFSC in New Hampshire in accordance with New Hampshire 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, NHYFSC 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: The NHYFSC and/or its Local Association(s) will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by Association officer: _____

or

Background check completed by League officer: _____

or

completed by: _____

Date Completed: _____

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

Online multistate database: _____
(Rapsheets, Intellicorp., etc.)

State/Local Criminal History Records: _____

State Sex Offender Registry: _____

Other: (please explain) _____

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