

JUNIOR FOOTBALL of ARIZONA

Adult Volunteer Application

DO NOT use forms from past years.

Use extra paper if additional space is required.

A copy of valid government issued photo identification **must** be attached to and submitted with this volunteer application. (Please print or type information)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Business/Cell Phone _____
 E-mail Address _____
 Date of Birth _____
 Occupation _____ Social Security # _____
 Employer _____
 Address _____

Special professional training, skills, and hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including other youth sports and year): _____

Do you have children in the program? Yes No
 If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License #: _____ State _____

Have you ever been convicted of, or have plead guilty to any crime(s): Yes No

If yes, describe each in full: _____

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? (Circle one or more.)

Head Coach (Flag / Tackle) Assistant Coach Cheer Squad Head Coach

Business Manager Coach Trainee Equipment Manager Team Parent

Concession Stand Association Board Member Other _____

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

Name	Phone
_____	_____
_____	_____
_____	_____

- As a condition of volunteering, I give permission for *Junior Football of Arizona* and/or its chartered member Associations to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.
- I understand 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 *Junior Football of Arizona*, Incorporated, their chartered member Associations, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, *Junior Football of Arizona*, and its chartered member Associations, are not obligated to appoint me to a volunteer position at this time.
- If appointed, I understand that, prior to the expiration of my term I am subject to suspension by my Association President and removal by the League Board of Directors for violation of Association or League policies or principles.
- The *Junior Football of Arizona* League and its chartered member Associations will enforce a **“zero tolerance”** policy against any adult volunteer that violates the League or Associations code of conduct, policies and principles.

Applicant Signature _____

Date _____

NOTE: The Junior Football of Arizona, Incorporated, any of its chartered member Associations will not discriminate against any person or persons on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or physical disability .

This form and background checks will expire on December 31 of the calendar year.

Local League / Association Use Only:

Background check complete on (date) _____

By League/Association Officer _____

System(s) used for background check:

Sex Offender Registry _____