

SANFORD STING YOUTH FOOTBALL AND CHEER OFFICIAL VOLUNTEER FORM. (COMPLETED BOTH PAGES)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Legal 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): _____

Previous states resided in the past 5 years: _____ Do you have children in the program? YES _____ NO _____

Date of Birth: _____ If yes, at what level? _____
(mm / dd / yyyy)

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

Occupation: _____ Have you ever been charged with or convicted of a felony? YES _____ NO _____

Employer: _____ If yes, provide your current legal status (parole, etc.) _____

Address: _____ Have you ever been convicted of **any** crime involving or against a minor? YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____ Have you ever plead guilty to,been convicted of or involved with any other type of crime? YES _____ NO _____

Driver's License#: _____ State: _____ Have you ever been refused participation in any other youth programs? YES _____ NO _____

If YES to ANY of the above, 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: _____

Privacy Policy: Your privacy is important to us. Sanford Sting does not sell or release contact information to any non-affiliated organization However, Sanford Sting and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-Sanford Sting use unless you specifically grant them permission.

SANFORD STING YOUTH FOOTBALL AND CHEER OFFICIAL VOLUNTEER APPLICATION. (COMPLETED BOTH PAGES)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

<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 full extent of my knowledge. If I am accepted as a volunteer, Sanford Sting 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 Sanford Sting 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 Sanford Sting'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 Sanford Sting, 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, Sanford Sting 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 Sanford Sting policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Sanford Sting and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Applicant Signature	Date
Applicant Name (Print or Type): _____	

Note: Sanford Sting Youth Football and Cheer, 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 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: _____ 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 MUST 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.