



Seneca Falls Junior Football & Cheerleading League, Inc. Application for Volunteers

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home / Cell Phone: (____) _____ Date of Birth: _____

What position(s) are you applying for? _____

Employer: Name & Address of Employer	Position	Length of Employment

References: Name	Address & Phone Number	Years Aquatinted

Have you ever been convicted of violating any law (except traffic violation)? Yes or No? _____
 If yes give date, location and charges. Disclosure of a criminal record does not automatically disqualify you from consideration. Your case will be judged on its own merits. Please include any circumstances you feel we should be aware of. Use back of form or additional sheet if necessary.

Emergency Contact:

Name: _____

Phone Number: _____

AUTHORIZATION: I authorize investigation on all statements and information provided in this application. I certify ALL information contained in this application to be complete and accurate. I have not made any false statements in this application and I understand that any false statements made in this application could preclude me from being accepted to participate in this organization.

Signature: _____

Date: _____

Reviewed By: _____ Approved _____ Not Approved _____ Date: _____

Remarks: _____
