



Sanford Springvale Youth Athletic Association
 P.O. Box 802, Springvale, ME 04083
 www.ssyaakids.org e-mail: info@ssyaakids.org

Application to Volunteer

Full Name: _____ Date: _____
 Maiden Name: _____ SSN (optional, mandatory if requested): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail: _____ Date of Birth: _____
 Occupation: _____ Employer: _____
 Address: _____
 Certifications, training, skills, etc? (i.e. first aid, CPR, sign language): _____

Community involvement (clubs, organizations, etc.): _____

Volunteer experience: _____

Have you ever been convicted of or plead guilty to any crime(s)?
 Yes _____ No _____ If yes, describe each in full _____

Have you ever been refused participation in any other youth program? Yes _____ No _____
 If yes, please explain _____

Please list three references – one of whom is knowledgeable of your involvement with a youth program.

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Sanford Springvale Youth Athletic Association (SSYAA) 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 organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the SSYAA, its volunteers, board members and/or any other person or organization that may provide such information. I also understand that, regardless of previous positions, the SSYAA is not obligated to appoint me to a volunteer position. If appointed, I understand that, during my term with the SSYAA, if I am charged, arrested or convicted with a crime I will be accountable to the Board of Directors to explain my actions and may be removed from my volunteer position upon a vote of the Board of Directors.

 Signature Printed Name

Note: The SSYAA will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability. All information will be kept in confidence and will not be shared in any way with any individual or agency.

For SSYAA use only.	
Sex Offender Registry Checked _____	(date, state, by)
Criminal History _____	(date, state, by)