

# Central Arizona Youth Football and Cheer League

## 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 the Central Arizona Youth Football and Cheer League, 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 the Central Arizona Youth Football and Cheer League, 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, Central Arizona Youth Football and Cheer League, 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 Central Arizona Youth Football and Cheer 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 Central Arizona Youth Football and Cheer League, Incorporated, chartered member Associations and American Youth Football, Incorporated 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 (minimum of one must be checked):

Sex Offender Registry \_\_\_\_\_ Criminal History Records \_\_\_\_\_

01/2008