

# Tyler Red Raiders Youth Football Association

## Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

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

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): \_\_\_\_\_

Do you have children in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

Previous states resided in the past 5 years: \_\_\_\_\_ If yes, at what level? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm / dd / yyyy) Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Occupation: \_\_\_\_\_ If yes, provide your current legal status (parole, etc.) \_\_\_\_\_

Employer: \_\_\_\_\_ Have you ever been convicted of **any** crime involving or against a minor? YES \_\_\_\_\_ NO \_\_\_\_\_

Address: \_\_\_\_\_ Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

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? ("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. TRRYFA does not sell or release contact information to any non-affiliated organization.**

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

<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 fullest extent of my knowledge. If I am accepted as a volunteer, TRRYFA 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 TRRYFA 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 TRRYFA's child protection policy. I understand and agree that, if appointed, my position is conditional upon the association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability TRRYFA, 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, TRRYFA 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 TRRYFA policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant TRRYFA permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

_____	_____
<b>Applicant Signature</b>	<b>Date</b>
<b>Applicant Name (Print or Type):</b> _____	

NOTE: TRRYFA will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, 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.**