

2017 Volunteer Coaches Application

TEAM NAME: _____

Full Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Occupation: _____

Social Security No.: _____ Employer: _____

Previous volunteer experience (including football 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 # _____

In which of the following would you like to participate? (Check one or more)

Head Coach Assistant Coach

1. Have you ever been convicted of or plead guilty to any crime(s): Yes No

2. Have you ever been refused participate in any youth programs? Yes No

3. Have you ever received deferred adjudication for an offense or otherwise required to register as a Sex Offender under any state or federal statute? Yes No

If you answered "Yes" to question 1, 2 or 3, provide complete details: _____

I certify that all statements on this Application are true and correct. As condition of volunteering, I give permission for EJRT 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 EJRT, their officers, employees and volunteers thereof, or any other person organization that may provide such information. I also understand that, regardless of previous appointments, EJRT is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term I am subject to suspension by the President and removal by the Board of Director for violation of EJRT policies or principles.

Applicant Signature: _____ Date: _____

<p>EJRT Use Only: Background check complete by _____</p> <p>Date: _____. System(s) used for background check (minimum of one must be checked): Sex Offender Registry <input type="checkbox"/> Criminal History Records <input type="checkbox"/>.</p> <p>Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
