

Tri-Cities Youth Lacrosse 2015-2016 Volunteer Application



Personal Information

Full legal name	First:	MI:	Last:
Date (mm/dd/yyyy)			
Street Address			
City State ZIP Code			
Date of Birth			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Social Security #	Required for background check		
Best contact Phone			
Alternate Phone			
E-Mail Address			
Driver License #	A copy of valid government issued ID is required to complete this application		

Availability

Please describe your availability.

Hours of the day	
Days of the week	
Other information	

Interests

Do you have a child in the program? Yes No

If yes, list full name and what level? _____

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration/Directors
<input type="checkbox"/> Coaching <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Sideline Assistant
<input type="checkbox"/> Team Manager <input type="checkbox"/> Assistant Team Manager
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Events and Special Activities
<input type="checkbox"/> Field work
<input type="checkbox"/> Equipment/Apparel
<input type="checkbox"/> Officiating
<input type="checkbox"/> Other: Please describe-

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Current CPR/First Aid certification? Yes No

Previous Volunteer Experience

Summarize previous volunteer experience and/or other community affiliations

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

Emergency contact information

Name	
Relationship	
Phone number	

Background information

Please answer the following questions completely and sign the declaration below. Do not assume a prior conviction has been removed from your record no matter how long ago it occurred.

1. Have you ever been convicted of any crimes including DUI or negligent driving?
 Yes No

If yes, please describe in full: _____

2. Have you ever had findings made against you in any civil adjudicative proceeding involving domestic violence, abuse, sexual abuse, neglect, or exploitation of a child or vulnerable adult as defined in RCW43.43.830?

Yes No

If yes, please describe in full: _____

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you or are you presently under investigation for possible criminal charges?
 Yes No

If yes, please describe in full: _____

Answering 'yes' will not automatically disqualify you from volunteering. Falsified information may disqualify you from volunteering even if the event alone may not have been disqualifying.

Agreement and Signature

By signing this application, I, _____, certify that the foregoing statements are answered truthfully and correctly. I authorize Tri-Cities Youth Lacrosse to conduct a background check which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records for the purpose of arriving at a decision regarding my volunteer status. I hereby release and agree to hold harmless from liability Tri-Cities Youth Lacrosse, the officers and volunteers thereof, or any other person or organization that may provide such information. These results may also be shared with all directors of TCYL in determining my eligibility. I understand I am not a volunteer with Tri-Cities Youth Lacrosse until I have been cleared to volunteer. I further understand that any falsification or deliberate misrepresentation, including omission of material fact, or failure to complete any part of this application can be grounds for denial of volunteer service or continued volunteer service with Tri-Cities Youth Lacrosse.

Applicant Name (printed)	
Applicant Signature	
Date (mm/dd/yyyy)	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, creed, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

<u>TRI-CITIES YOUTH LACROSSE USE ONLY</u>	
Background check completed by: _____	
Date completed: _____	
System(s) used for background check: _____ _____	
<u>Volunteer application status:</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Restrictions: _____	
Signature _____	Date _____