

New Hampshire Youth Football & Spirit Conference

Official 2017 Volunteer Application (Complete BOTH Pages) Do NOT use forms from past 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.): _____
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Previous/current volunteer experience (e.g. baseball/softball and years): _____
Work Phone & Extension: _____		
Email: _____	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: _____ (at least last 4 digits)	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 or been convicted of any other type of crime? If yes, explain: YES _____ NO _____	
Do you have a valid driver's license? YES _____ NO _____		
Driver's License#: _____	State: _____	
	Have you ever been refused participation in any other youth programs? If yes, explain: YES _____ NO _____	

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 Parent: _____	Coach Trainee: _____	Trainer: _____	Student Demo: _____	
Other: _____				

Privacy Policy: Please be advised that the NHYFSC does not sell or release contact information to any non-affiliated organization. However, the NHYFSC and/or any sponsors may contact you about special offers and promotions from time to time. However, these sponsors are not permitted to retain your information for future use unless you specifically grant them permission. You may opt out of these communications at any time by contacting the NHYFSC.

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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, NHYFSC and/or Local Association may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to the NHYFSC and/or Local Association 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 the NHYFSC's child protection policy. I understand and agree 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 NHYFSC, Local Association, 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, NHYFSC and/or Local Association 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 the NHYFSC and/or Local Associations policies or principles.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, NHYFSC and any and all affiliated parties will be subject to binding arbitration in the locale of the NHYFSC in New Hampshire in accordance with New Hampshire law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, NHYFSC and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

_____ **Applicant Signature** _____ **Date**

Applicant Name (Print or Type): _____

NOTE: The NHYFSC and/or its Local Association(s) will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer.

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/Local Criminal History Records: _____ State Sex Offender Registry: _____ Other: (please explain) _____
(Rapsheets, Intellicorp., etc.)

Note: You must maintain copies of background check results at the Association level for the duration of the volunteer's service to the league.