

GOSHEN JFL VOLUNTEER FORM

Name: _____

Social Security Number: ____ - ____ - _____ Date of Birth: ____/____/____

Address: _____ City: _____ ZIP: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Email Address: _____

Valid Drivers License? (Yes / No) If yes, list DLN: _____ State: ____

Will you have a child playing in the JFL this year? (Yes / No)

What level of participation are you requesting? (Coach / Referee / Field Maintenance / Other)

Have you ever been convicted of a crime? (Yes / No) If yes, explain _____

Occupation: _____ Employer: _____ Years Experience: _____

Previous Volunteer Experience, if any (i.e. Little League): _____

Have you ever been denied the opportunity to volunteer before? (Yes / No) If yes, explain _____

Are you certified in CPR or an other medical designation? (Yes / No) If yes, list here _____

Please list two references, at least one of which has knowledge of your participation as a Volunteer in a youth program or similar experience:

Name 1: _____ Phone (____) ____ - _____

Name 2: _____ Phone (____) ____ - _____

As a condition of volunteering, I give permission for the Goshen JFL organization to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that, appointment to a position is conditional upon the league receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability the Goshen Junior Football League, Inc., the officials, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments, Goshen JFL 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 the suspension by the Preside.

Signature: _____ Date: ____ / ____ / _____