

# EAST ISLIP YOUTH FOOTBALL LEAGUE COACHING AND VOLUNTEER APPLICATION Jan2016VT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
OCCUPATION/EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
EMPLOYER REFERENCE & PHONE: \_\_\_\_\_

VOLUNTEER OR COACHING EXPERIENCE (INC. OTHER SPORTS, CLUBS, ORGANIZATIONS, ETC.): Please use additional pages where ever needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SPECIAL TRAINING, SKILLS, CERTIFICATES, ETC.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A CHILD IN THE LEAGUE? Y / N IF YES PLEASE PROVIDE

NAME(S) & AGE(S): \_\_\_\_\_  
HAVE YOU BEEN CONVICTED, PLEADED GUILTY TO OR HAVE PENDING CHARGES AGAINST YOU RELATIVE TO ACTIVITY OR ALLEGATIONS AGAINST A MINOR? Y / N IF YES PLEASE PROVIDE DETAIL THROUGH ADDITIONAL CORRESPONDENCE.

DO YOU HAVE A VALID DRIVERS LICENSE? Y / N

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN THE PAST? Y / N

IN WHAT CAPACITY DO YOU WISH TO VOLUNTEER? CIRCLE ALL THAT APPLY:

HEAD COACH / COACH / CHEER COACH / CONCESSION STAND

FIELD MAINTENANCE / EQUIPMENT / BOARD PARTICIPATION

OTHER: \_\_\_\_\_

PLEASE PROVIDE REFERENCES THAT CAN SUPPORT YOUR PAST PARTICIPATION IN YOUTH PROGRAMS, QUALIFICATIONS OR POSITIVE POTENTIAL CONTRIBUTIONS TO THE EIFYFL:  
NAME / PHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I give the EIFYFL Board of Directors permission to conduct background checks on me now and for as long as I continue to remain active with the League. This may include review of sex offender registries, criminal history records, and/or any public records allowable for review by law. I understand that if chosen as a volunteer of the league, my position or role will be conditional upon the league receiving no inappropriate information as a result of background check or Board confirmed inappropriate conduct. I hereby release and agree to hold harmless from liability the East Islip Youth Football League, its Board of Directors or any other person(s) or organizations that may provide such information. I further understand that regardless of previous appointments or prior positions held, the EIFYFL is not obligated to appoint me to a volunteer position. I understand that during my time of service to the league, I am subject to suspension by the President of the league and removal by the Board of Directors for violation of league policies or principals.

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_