WALLKILL SOCCER

Volunteer Application

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO THIS APPLICATION AND WILL BE USED TO VERIFY THE INFORMATION BELOW

Name:	Date:
Address:	
City	St: Zip:
Home Phone:	Business Phone:
E-Mail Address:	
Date of Birth:	
Occupation:	Social Sec. #:
Employer:	
Address	

Special Professional training, skills, hobbies:

Previous Volunteer Experience (including all sports and civic organizations):

Do you have children in the program?: ☐ Yes ☐ No

If YES, at what level? ☐ Division A ☐ Division B ☐ Division C ☐ Division D ☐ Division E

Special Certifications (ie – CPR, Medical, etc.):

Do you have a valid drivers license?: ☐ Yes ☐ No

Drivers License Number: State:

Have you ever been convicted of, or plead guilty to any crime(s)?: ☐ Yes ☐ No

If YES, describe each in full:

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

If YES, explain:

In which of the following would you like to participate? (Check as many as you'd like):

☐ Coach ☐ Assistant Coach ☐ Referee ☐ Field Maintenance

☐ Concession Stand ☐ Other

If **Other**, please list:

Please list 3 references, at least one of whom has knowledge of your participation in a youth program, if applicable:

Name	Phone

As a condition of volunteering, I give permission for the Wallkill Area Youth Soccer organization 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 the Wallkill Area Youth Soccer Club, the officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Wallkill Area Youth Soccer 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 Directors for violation of Wallkill Area Youth Soccer policies or principles.

Applicant Signature Date:

Applicant Name (Please Print or Type):

NOTE: The Wallkill Area Youth Soccer Club will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability

LEAGUE USE ONLY

Background Check complete by League Officer _____

On _____

Systems Used for background check (minimum of one must be checked):

☐ Sex Offender Registry ☐ Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant.