## **Englewood Area Athletic Association 2023 Official Volunteer Application**

Please complete both sides of this application. A copy of a valid government-issued photo identification card must be attached.

GENERAL INFO	<u>ORMATION</u>	Today's Date:			
Legal Name:			<u>_</u>		
Date of Birth:		Social Security#	<u> </u>		
Email Address:		Phone Number:	:		
Employer:					
DL Number:	_	Issuing State:	:		
Home Address:					
EMERGENCY CO	Street ONTACTS	City		State	Zip Code
Nan		Nature of Relationship		Phone Num	ber
		,			
(2)					
•	ne by an alias or been kno prior/maiden/alias name:	own by a previous name?	☐ YES	□ NO	
Have you lived in If YES, please list	any states, other than Flo where:	rida, in the past 5 years?	☐ YES	□ NO	
-	ren that participate in our name & level:	organization?	☐ YES	□ NO	
	Special Certifications (i.e. with expiration date:	. CPR / First Aid)?	☐ YES	□NO	
VOLUNTEER EX					
Please list any train	ing, experience, skills or	qualities that you feel may cor	ntribute to	volunteering	with us:
YES NO	Have you ever been a	asked to leave an organization	or progran	n that involve	ed children?
In which of the fol	lowing positions would	you like to participate? (You	may chec	k more than	one)
League Official	Head Coach	Coach Trainee	2	Team Par	rent
☐ Board Member☐ Other:	Assistant Co	oach Equipment Ma	anager	Student I	Demo

Englewood Area Athletic Association does not discriminate on the basis of race, color, national origin, marital status, gender, disability, or sexual orientation and provides equal access to designated youth participants and volunteers.

## Englewood Area Athletic Association 2023 Official Volunteer Application In which of the following E.A.A.A. Committees would you like to participate?

(You may check more t	chan one)	and you me to pur ticipu			
Camps	Concession Stand	Special Events	Fundr	aising	
Game Day	Pro Shoppe	☐ Scholastics	Team	Parents	
there any pending crimir	ged with or convicted of a creat charges awaiting a hearing explanation, including offensions	g? YES NO	(s) before judge	ement), or are	
REFERENCES	Have you ever been convicted ye may contact regarding you	, c	C	or?	
Name	Nature o	f Relationship	Phone N	umber	
(1)					
(2)					
and complete. I agree that mis Area Athletic Association (E. obligation to appoint me to a check on me, which may incl representatives, board member respect if my application is no omissions made by me in this	ents made on this application and inserpresentation of information conton A.A.A.) Board of Directors to elect volunteer position. By signing below ude but is not limited to sex offenders, volunteers and/or any other per obtain the considered or my volunteer status application. I agree to conform to	t not to allow me to volunteer a ow, I am granting permission fo er registries and criminal histor son that may provide such infor is is terminated, at any time, becather rules, regulations and polici	als may be cause for not that this applicant E.A.A.A. to concern y records. I agree remation shall not because of false state ies of the E.A.A.A.	or the Englewood ation is not an duct a background that E.A.A.A., its be held liable in any ements, answers or	
Signature of Volu	inteer Applicant	Print Name (First & L	ast) L	Date of Signature	
Official Use Only					
Background Check Complete	d By:		_ Date:		
Please indicate the system(s)	used for the background check (mi	nimum of one must be checked	)		
Online Multistate Databas	e State/Federal Criminal	Records Federal Sea	Offender Registr	у	
Other:					
This application and a printo	ut of the background check must be	e reviewed by an E.A.A.A. Boar	d Member.		
Application/Background Check Reviewed By: Date:					
Attach a copy of the backgrou	and check to this application and ke	eep on file for the duration (one	year) of the volur	iteer's service.	

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