

Englewood Area Athletic Association 2019 Official Volunteer Application

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

GENERAL INFORMATION

Today's Date: _____

Legal Name: _____

Date of Birth: _____ Social Security# _____

Email Address: _____ Phone Number: _____

Employer: _____ Occupation: _____

DL Number: _____ Issuing State: _____

Home Address: _____
Street City State Zip Code

EMERGENCY CONTACTS

Name	Nature of Relationship	Phone Number
(1) _____	_____	_____
(2) _____	_____	_____

Have you ever gone by an alias or been known by a previous name? YES NO

If YES, please list prior/maiden/alias name: _____

Have you lived in any states, other than Florida, in the past 5 years? YES NO

If YES, please list where: _____

Do you have children that participate in our organization? YES NO

If YES, please list name & level: _____

Do you have any Special Certifications (i.e. CPR / First Aid)? YES NO

If YES, please list with expiration date: _____

VOLUNTEER EXPERIENCE

Please list any training, experience, skills or qualities that you feel may contribute to volunteering with us:

YES NO Have you ever been asked to leave an organization or program that involved children?

In which of the following would you like to participate? (You may check more than one)

League Official Head Coach Coach Trainee Team Parent

Board Member Assistant Coach Equipment Manager Student Demo

Other: _____

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.

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In which of the following E.A.A.A. Committees would you like to participate?
(You may check more than one)

- Camps Concession Stand Special Events Fundraising
 Game Day Pro Shoppe Scholastics Team Parents

BACKGROUND

Have you ever been charged with or convicted of a crime (including probations(s) before judgement), or are there any pending criminal charges awaiting a hearing?

If yes, please provide an explanation, including offense(s) and date(s):

YES NO Have you ever been convicted of any crime involving or against a minor?

REFERENCES

Please list two persons we may contact regarding your ability to work positively with youth.

Name	Nature of Relationship	Phone Number
(1)		
(2)		

I hereby swear that all statements made on this application and in all materials provided to support my volunteer application are true and complete. I agree that misrepresentation of information contained in the application materials may be cause for the Englewood Area Athletic Association (E.A.A.A.) Board of Directors to elect not to allow me to volunteer and that this application is not an obligation to appoint me to a volunteer position. By signing below, I am granting permission for E.A.A.A. to conduct a background check on me, which may include but is not limited to sex offender registries and criminal history records. I agree that E.A.A.A., its representatives, board members, volunteers and/or any other person that may provide such information shall not be held liable in any respect if my application is not considered or my volunteer status is terminated, at any time, because of false statements, answers or omissions made by me in this application. I agree to conform to the rules, regulations and policies of the E.A.A.A.

Signature of Volunteer Applicant Print Name (First & Last) Date of Signature

Official Use Only

Background Check Completed By: _____ Date: _____

Please indicate the system(s) used for the background check (minimum of one must be checked)

- Online Multistate Database State/Federal Criminal Records Federal Sex Offender Registry
 Other: _____

This application and a printout of the background check must be reviewed by an E.A.A.A. Board Member.

Application/Background Check Reviewed By: _____ Date: _____

Attach a copy of the background check to this application and keep on file for the duration (one year) of the volunteer's service.

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