

# SYFL VOLUNTEER APPLICATION

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Social Security # (for background check purposes only) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime other than a traffic ticket: Yes No

If yes, describe each in full: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

In what capacity would you like to participate? \_\_\_\_\_

Please list three character references:

**Name**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

As a condition of volunteering, I give permission for the SYFL 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 accepted, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability SYFL and the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that SYFL is not obligated to accept me as a volunteer. If accepted, I understand that I am subject to suspension and/or removal by the Board of Directors for violation of SYFL policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

## Local League Use Only:

Background check completed by league officer \_\_\_\_\_ Date \_\_\_\_\_