

2017 NJ AYF - JERSEY SHORE CONFERENCE

BACKGROUND CHECK APPLICATION

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____ Special professional training, skills, hobbies: _____

Prior/Maiden Names or Aliases: _____

Address: _____ Community affiliations (Clubs, Service Organizations, etc.): _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

Previous states resided in the past 5 years: _____ Do you have children in the program? YES _____ NO _____

Date of Birth: _____ (mm / dd / yyyy) If yes, at what level? _____ Special Certification (i.e. CPR, Medical, etc.): _____

Social Security Number: _____ Have you ever been convicted of a felony? YES _____ NO _____

Occupation: _____ If yes, provide your current legal status (parole, etc.) _____

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

Address: _____ Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____ If yes, explain: _____

Driver's License#: _____ State: _____

Have you ever been refused participation in any other youth programs? YES _____ NO _____ If yes, explain: _____

In which of the following would you like to participate? ("X" one or more.)

League Official: _____ Head Coach: _____ Board Member: _____ Equipment Manager: _____ Assist. Coach: _____

Team Mom: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: _____

Association Name: _____

NJ AYF - JERSEY SHORE CONFERENCE

Official 2017 Volunteer Application. (Page 2) Do NOT use forms from past years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, The League may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to NJAYF to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with NJAYF'S child protection policy. I understand and agree 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 local AYF, AMERICAN YOUTH FOOTBALL, Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, The League is not obligated to appoint me to a volunteer position. 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 any and all violations of AMERICAN YOUTH FOOTBALL policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant NJAYF Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

_____	_____
Applicant Signature	Date
Applicant Name (Print or Type): _____	

NOTE: NJ AYF, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

or

Background check completed by League officer: _____

or

completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Choicepoint, etc.) ** NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MUST be supplemented by one or more of the above

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.

L

J