WEST BABYLON CHEERLEADING ASSOCIATION

2022 CHEER VOLUNTEER APPLICATION

This application <u>MUST</u> be completed and handed in <u>by June 1, 2022</u> for all applicants interested in applying for <u>Cheerleading Team Parent or Cheerleading Coach.</u>

Applicant's Name: _____   **Date of Birth**: __/__/___

Maiden Name (if applicable): _____   **Sex (circle one):** M/F

Address: _____   **City:** _____   **State:** _____   **Zip**: _____

Contact Telephone #: _____   **Email:** _____

Position Interested in (Circle All Applicable):

Team Parent   Team Coach   Committee Volunteer

Have you been involved with WBCA? (Y/ N)

If Yes, Age Level? _____   **How many Years?** _____

Do you have any coaching or volunteer experience? (Y/ N)

If yes, please explain (When where, duties, etc._____

_____

I would like to become a Volunteer with the WBCA. The WBCA Board Members must approve my application. If accepted, I understand that this is a privilege, which may be terminated at any time with due cause, by the WBCA. I agree at all times to uphold the policies, principles and code of conduct of the WBCA. I have read the above and understand my responsibility as a volunteer and recognize that I may or may not be chosen this season. Under penalty of perjury the information entered on this application is true and correct.

Applicant's Signature _____   **Date:** _____

ADULT BACKGROUND CHECK (MUST BE COMPLETED FOR ALL APPLICANTS 18 YEARS AND OLDER)

HAVE YOU EVER BEEN ARRESTED FOR ANY REASON?   (YES/ NO)

**If yes, was the arrest for any sexual offense, a violence-related offense,
Including, but not limited to, assault, harassment, menacing, etc.?**   (YES/NO)

Have you ever been a respondent in Family Court?   (YES/NO)

If yes to any of the above questions, please explain_____

_____

I understand that a criminal records check, including sealed records, will be conducted along with a New York State Sexual Offender Registry check. **I have read the foregoing statement and <u>all of the above information</u> <u>is true</u>**. I authorize the WBCA to investigate and verify any information on this application. **If it is determined by <u>the WBCA that ANY information completed on this form by me is incorrect, misleading, withheld, or falsely represented the WBCA has the authority to disqualify my application at any time without further review.</u>**

Applicant's Signature_____   Date_____

Notary Signature: _____   This _____ day of _____ 2022