

Stephen Braggs Youth Foundation Inc.

Official 2008 Volunteer Application (Complete BOTH Pages)

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? _____

Social Security Number: _____ Special Certification (i.e. CPR, Medical, etc.): _____

Occupation: _____ Have you ever been convicted of a felony? YES _____ NO _____

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

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

Do you have a valid driver's license? YES _____ NO _____ Have you ever plead guilty to or been convicted of any other type of crime? YES _____ NO _____

Driver's License#: _____ State: _____ If yes, explain: _____

Have you ever been refused participation in any other youth programs? YES _____ NO _____

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: _____

Privacy Policy: Please be advised that SBYF does not sell or release contact information to any non-affiliated organization. However, SBYF and/or its official partners may contact you about special offers and promotions from time to time. However, these partners are not permitted to retain your information for future use unless you specifically grant them permission. You may opt out of these communications at any time by contacting the SBYF Local Office.

Event: All Pro Strategies Youth Spring 8 Man Football League

Official 2008 Volunteer Application. (Page 2) (Complete BOTH Pages)

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, Stephen Braggs Youth Foundation (SBYF) may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Stephen Braggs Youth Foundation 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 Stephen Braggs Youth Foundations 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 Stephen Braggs Youth Foundation, 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 Stephen Braggs Youth Foundation 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 Stephen Braggs Youth Foundation policies or principles.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, and The Stephen Braggs Youth Foundation and any and all affiliated parties will be subject to binding arbitration in the locale of the Stephen Braggs Youth Foundation, Inc. National Office in Austin, Texas in accordance with Texas law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, The Stephen Braggs Youth Foundation and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

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

NOTE: The local Stephen Braggs Youth Foundation, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by Association officer: _____
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/Local Criminal History Records: _____ State Sex Offender Registry: _____ Other: *(please explain)* _____
(Rapsheets, Intellicorp., etc.)

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