

Exhibit A

Zimmerman Youth Football Association (ZYFA)

PO Box 350, Zimmerman MN 55398

<http://www.zimmermanyouthfootball.com>

Board of Director Application

Personal Information:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Years in Zimmerman Area: _____

Occupation:

Occupation: _____

Employer: _____ Years Employed: _____

Employer's Address: _____

If less than 2 years:

Previous Occupation: _____

Employer: _____ Years Employed: _____

Employer's Address: _____

Questionnaire:

Do you have children that participate in Zimmerman Youth Football? Yes _____ No _____

If yes, what age(s) and level (s): _____

Previous/Current youth involvement (coaching, teaching, scouting organizations): _____

Community affiliations (Clubs, Church, Service Organizations, Etc.): _____

Other volunteer experience: _____

Skills:

Please check the skills, education and/or experience that you could contribute to the ZYFA Board (check all that apply):

Accounting/Bookkeeping	Management	Public Relations
Investments	Marketing	Training
Web Development	Database Development	Other Computer Skills
Fundraising	Purchasing/Buying	Planning
Community Relations	Scheduling Work	Knowledge of Football
Other (please specify)		

Involvement:

Are you willing to commit to attending at least 9 of the 12 Board Meetings which will be held the second Sunday of each month (subject to change): Yes _____ No _____

Are you willing to commit to attending and participating at ZYFA sponsored events throughout the year? This includes tournaments, registration, try-outs, house evaluations, etc? (Please note that you will not be expected to attend all activities, as personal schedules and football activities will interfere.)
Yes _____ No _____

Comments: _____

In which of the following would you like to participate (check all that apply)?

Program Management	Tournament Organization	Public Relations
Equipment Management	Community Relations	Concessions
Fundraising	Sponsorships	Scheduling
Player Clinics	Coach Clinics	Website
Other (please specify)		

Other:

Please describe the reasons you wish to be involved in ZYFA and why you desire to join the Board of Directors. Additionally explain the contributions you will be able to make to ZYFA (use the back of this form if more space is needed).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What do think are the most important factors in making a positive football experience for our youth?

References:

Please list three (3) references and their daytime phone number. All references must have knowledge of your participation in a youth program or your involvement in other organizations. No family members or relatives can be listed as a reference.

	<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone #</u>
1)	_____		
2)	_____		
3)	_____		

Privacy Policy:

Please be advised that the information you provide on this application will be distributed to current and active Zimmerman Youth Football Association Board of Directors only.

Signature:

I hereby swear and attest that all information provided on this application is full and accurate to the fullest extent of my knowledge

Signature

Date

Background Check:

Note: In the event this Zimmerman Youth Football Association (ZYFA) Board of Director Application is accepted and approved, you will be required to provide ZYFA with permission to conduct a background check, which may include a review of database records including but not limited to sex offender registries, as well as child abuse and criminal history records. Your status is conditional until ZYFA receives a "CLEAR" result upon conducting the background check.

For ZYFA Use Only:

References Checked: 1 ____ 2 ____ 3 ____ *Date:* _____ *Initials* _____

Background Check Complete: ____ *Date:* _____ *Initials:* _____
ials _____