

**PLEASE PRINT CLEARLY**

Pembroke Pines Optimist Club Volunteer application, release, and agreement

Applicant's name (printed) \_\_\_\_\_

Date of birth \_\_\_\_\_ Last 4 digits of social security number \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I, the undersigned, authorize and give consent for the Pembroke Pines Optimist Club to obtain information regarding myself. I authorize this information to be obtained either in writing or via telephone or internet in connection with my volunteer application. Any person, firm or organization providing or obtaining information or records in accordance with this authorization is released from any and all claims or liability. Such information will be held in confidence in accordance with the organization's guidelines. I understand I will be required to submit to the City of Pembroke Pines fingerprints, as the City will be conducting a level two background check on me. I understand my volunteer position may be revoked at any time, with or without cause, at the sole discretion of the Pembroke Pines Optimist Club. I agree to notify the club immediately if my phone number or address were to change. I further agree that I will notify the club immediately if I were to be arrested or charged with any misdemeanor or felony infraction.

I, the undersigned, also understand that the Pembroke Pines Optimist Club (PPO) may establish a coach's account for me with the FYSA (Florida Youth Soccer Association) on the Gotsoccer website. I understand a background check may also be conducted by the FYSA, initiated by me, via my coach's account. I authorize PPO administrative staff to access my coach's account at any time. I authorize my password settings to be changed/re-set by PPO at any time, and my account access may be revoked by PPO. I authorize PPO staff to access and review all information contained in my coach's account, including the review of detailed background check results, as well as all other information. This consent and release of access and information shall be unconditional and non-revocable by me.

Acknowledged and agreed this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_