

2021 VOLUNTEER APPLICATION

A COPY OF A VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION MUST BE ATTATCHED TO THIS APPLICATION!

Legal Name:		Prior/Maiden Names/Aliases:			
Address:					
				Zip:	
Phone Number:		Email:			
Previous states resided	d in the past 5 years:				
Date of Birth:					
Employer's Address: _					
City:		State:		Zip:	
Do you have a valid dri	ver's license?			□Yes	□No
Driver's License #:		State:			
Special professional tra	aining, skills, hobbies:				
Community affiliations:					
Previous/current volunt	eer experience:				
Special Certifications:					
	the program?			□Yes	□No
If yes, what le	vel?				
Have you ever been ch	arged with or convicted of	f a felony?		□Yes	□No
If yes, provide	current legal status:				
Have you ever been co	onvicted of any crime invol	ving or against a minor?		□Yes	□No
Have you ever plead guilty to or been convicted of or involved with any type of crime?				□Yes	□No
Have you ever been re	fused participation in any	other youth programs?		□Yes	□No
If YES to any of the abo	ove, please explain:				
In which of the following	g would you like to particip	pate?			
☐ League Official	■ Board Member	☐ Head Coach	□ Assistant Coach	☐ Team Manager	
☐ Coach Trainee	Other:				
Association Name:					

VOLUNTEER APPLICATION	APPLICANT NAME:	
Personal References:		
Name:	Relationship:	Phone:
Name:		
Name:		
relationship immediately if I have made any fa	er, Inland Northwest Youth Football & Cheeralse statements or material misrepresentation of INYFC to conduct a background check on a sex offender registries, child abuse and cring retand and agree that, if appointed, my posity background. I hereby release and agree to	er League ("INYFC") may end the ns, written or verbal. As a condition me, which may include a review of ninal history records in compliance tion is conditional upon the league hold harmless from liability INYFL
I also understand that, regardless of previou understand that, prior to the expiration of my of Directors for all violations of INYFC policies	y term, I am subject to suspension by the Pr	
Binding Arbitration Policy:		
will be subject to binding arbitration in the lew Washington law under the guidelines and rearbitration shall be in lieu of any litigation be	e that all civil disputes by and between mystocale of the INYFC League. Local Office in ules of the American Arbitration Association by and between myself, INYFC and all affilior invalid, this arbitration agreement shall remarks	Spokane, WA in accordance with I. I hereby agree that this binding ated parties. If any portion of this
Applicant Signature:	Da	ate:
Printed Name:		
For Local Use Only. Please provide the leg applicant.	gal name of the individual who performed the	background check on the
Background check completed by:		
Date Completed:		
□ Online multistate database □	State/Fed Criminal History Records	deral Sex Offender Registry
□ Other		