

TROY YOUTH FOOTBALL ASSOCIATION

Consent for Background Check (Please complete both sides)

Name: _____ Date of Birth: _____

Prior / Maiden Names or Aliases: _____

Race: American Indian or Alaskan Native Asian or Pacific Islander

Black Unknown/Other White

Current Address: _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Previous states resided in the past 5 years: _____

Occupation: _____

Employer: _____

Address: _____

Do you have a valid driver's license? YES NO

Do you have children in the program? YES NO

If yes, at what level(s): _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Special training or certification (CPR, AED, First Aid, etc.): _____

Is there anything in your background that would preclude you from participating?

If yes, explain: _____ YES NO

Previous/current volunteer experience (e.g. baseball/softball and years): _____

Have you ever been refused participation in any youth programs or leagues?

If yes, explain: _____ YES NO

Are you currently under court supervision? YES NO

If yes, please identify the court and duration of supervision: _____

Have you ever been charged with any crime involving or against a minor? YES NO

If yes, provide the type of charge and disposition: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been charged with any crime involving a nonprofit or youth organization?

If yes, explain: _____ YES NO

Has your professional/business license ever been suspended for charges against a minor?

If yes, explain: _____ YES NO

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Please list three references, aside from family members:

Name:

Nature of Relationship:

Phone#:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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, TYFA 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 TYFA 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 TYFA's 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 TYFA, OMYFA, 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, TYFA 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 TYFA or OMYFA policies or principles.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, TYFA and any and all affiliated parties will be subject to binding arbitration in the locale of the Troy Youth Football Association, Inc. in Troy, MI in accordance with Michigan 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, TYFA 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: Troy Youth Football Association, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.