

**ANTELOPE VALLEY YOUTH FOOTBALL ASSOCIATION
APPLICATION FOR ADULT VOLUNTEER PROGRAM PARTICIPATION**
(Please use ink and print all names)

PROGRAM: <input type="checkbox"/> Football <input type="checkbox"/> Cheerleader <input type="checkbox"/> Area Admin <input type="checkbox"/> League Admin					Area:
POSITION: <input type="checkbox"/> Head Coach * <input type="checkbox"/> Team Mom <input type="checkbox"/> President <input type="checkbox"/> Commissioner * <input type="checkbox"/> Officials * * Position has <input type="checkbox"/> Asst Coach <input type="checkbox"/> Trainer <input type="checkbox"/> V-Pres. <input type="checkbox"/> Vice Comm. * <input type="checkbox"/> Awards * requirements. <input type="checkbox"/> Equipment <input type="checkbox"/> Snack Bar <input type="checkbox"/> Treasurer <input type="checkbox"/> Committee * <input type="checkbox"/> Events Check w/Area <input type="checkbox"/> Stats <input type="checkbox"/> Publicity <input type="checkbox"/> Rules * <input type="checkbox"/> Rules * <input type="checkbox"/> Secretary President. <input type="checkbox"/> Player Agent <input type="checkbox"/> Other: (indicate) _____					
Name:			Day Phone:		
Address:			Evening Phone:		
City:		Zip:	e-Mail:		
			FAX:		
REFERENCES: List below references for expertise and/or personal evaluation - do not include relatives.					
FULL NAME, ADDRESS AND ASSOCIATION WITH APPLICANT			OCCUPATION	HOW LONG KNOWN	
Zip: _____			Phone: _____		
Zip: _____			Phone: _____		
HAVE YOU EVER BEEN CONVICTED OF A CRIME (excludes minor traffic violations but includes DRIVING UNDER THE INFLUENCE OF ALCOHOL, OR DRUGS, RECKLESS DRIVING) or similar serious violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If answer is YES, explain.					
(Use back of form if necessary)					
LIST ANY APPLICABLE EXPERIENCE THAT WOULD RELATE TO YOUR PERFORMANCE IN THE POSITION FOR WHICH YOU HAVE MADE APPLICATION. INCLUDE DATES OF PARTICIPATION, DESCRIPTION OF THE POSITION, LOCATION OF PERFORMANCE AND SUPERVISORY PERSONNEL. Of particular interest would be experience in dealing with children 8 to 14.					
(Use back of form if necessary)					
IN CASE OF EMERGENCY NOTIFY:			Phone:		
INSURANCE CARRIER:		Policy No:	Cert No. or SSN:		
AFFIDAVIT					
I have read all of the above and I declare under penalty of perjury that the foregoing is true and correct. I hereby give Antelope Valley Youth Football Association and its member areas authority to perform a background check and to verify all information contained in the above application. I understand that untrue or incomplete answers discovered subsequent to participation in the volunteer programs of the Antelope Valley Youth Football Association may subject me to removal from the program.					
Signature of Applicant: _____			DATE: _____		
FOR AVYFA USE ONLY					