



BREVARD COUNTY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION, INC.
MEMBER VOLUNTEER APPLICATION

VOLUNTEER APPLICATION-A copy of issued Photo ID must be attached to application.
To be completed by ALL Volunteers: i.e. Coaches, Team Moms and Board Members of BCYFCA.

Member League Name: _____

PERSONAL INFORMATION:

Full Legal Name: _____ Date of Birth ____/____/____

Driver's License Number _____ State: _____

Phone Number: _____ Email: _____

Address (Last 7 years): _____

Add'l Address: _____

Have you been convicted of a crime? If yes explain: _____

QUALIFICATIONS:

What position are you applying for: Coach, Board Member, Team Mom, etc.

Have you ever been refused participation in any youth sports program? If yes, explain: _____

CONSENT/RELEASE:

I authorize and give consent for BCYFCA or League Designee referenced above to obtain my personal information. This includes, but are not limited to criminal background records/information; criminal background check; coaching experience, personal references, and addresses. I authorized this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the BCYFCA or League, that the BCYFCA is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability arising out the use of the information that is uncovered in the above referenced checks.

Signature: _____ Date: _____

Signature of League President: _____ Pass Fail

Background Completed by (Company): _____

BCYFCA ADMIN BOARD MEMBER: _____