

**Monticello Youth Football**  
**APPLICATION FOR ADULT VOLUNTEER PROGRAM PARTICIPATION**  
 (Please use ink and print all names)

<b>PROGRAM:</b>	<input type="checkbox"/> Football	<input type="checkbox"/> Cheerleader	<input type="checkbox"/> League Admin	<b>2007</b>
<b>POSITION:</b>	<input type="checkbox"/> Head Coach *	<input type="checkbox"/> Team Mom	<input type="checkbox"/> President	<input type="checkbox"/> Officials *
* Position has Requirements. Check w/Area President.	<input type="checkbox"/> Asst Coach	<input type="checkbox"/> Trainer	<input type="checkbox"/> V-Pres.	<input type="checkbox"/> Awards *
	<input type="checkbox"/> Equipment	<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Events
	<input type="checkbox"/> Stats	<input type="checkbox"/> Publicity	<input type="checkbox"/> Secretary	<input type="checkbox"/> Fund Raiser
			<input type="checkbox"/> Other: (indicate) _____	
<b>Name:</b>			<b>Day Phone:</b>	
<b>Address:</b>			<b>Evening Phone:</b>	
<b>City:</b>		<b>Zip:</b>	<b>e-Mail:</b>	
<b>SS #</b> <b>Driver License #</b>			<b>FAX:</b>	
<b>REFERENCES:</b> List below references for expertise and/or personal evaluation - do not include relatives.				
<b>FULL NAME, ADDRESS AND ASSOCIATION WITH APPLICANT</b>			<b>OCCUPATION</b>	<b>HOW LONG KNOWN</b>
Zip: _____ Phone: _____				
Zip: _____ Phone: _____				
<b>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?</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If answer is YES, explain.</b>				
<i>(Use back of form if necessary)</i>				
<b>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.</b>				
<i>(Use back of form if necessary)</i>				
<b>IN CASE OF EMERGENCY NOTIFY:</b>			<b>Phone:</b>	
<b>INSURANCE CARRIER:</b>		<b>Policy No:</b>	<b>Cert No. or SSN:</b>	
<b>AFFIDAVIT</b>				
I have read all of the above and I declare under penalty of perjury that the foregoing is true and correct. I hereby give Monticello Youth Football 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 Monticello Youth Football may subject me to removal from the program.				
<b>Signature of Applicant:</b> _____			<b>DATE:</b> _____	
<b>FOR MYF USE ONLY</b>				