



# FLOUR BLUFF YOUTH SPORTS

## 2019 Volunteer Application Form

FBYS Use Only: Date Background Check Completed: _____ Passed Background Check: ____
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*A valid government issued photo ID must be attached to this application.*

Name: \_\_\_\_\_ Previous Names Used: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from physical address):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Special Training/Certifications (CPR, First Aid): \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Y or N

If Y please Explain:  
\_\_\_\_\_

Have you ever been refused participation as volunteer program? Y or N

If Y please Explain:  
\_\_\_\_\_

A back ground check is required for all volunteers. Do you agree? Y or N

Please list 3 references, including name, relationship, how long known and contact number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_