ROYAL OAK YOUTH FOOTBALL TEAMS,

Official 2019 Volunteer Application (Complete BOTH Pages) Do NOT use forms from past years.

Vame: Birth Date:		Previous/current volunteer experience (e.g. baseball/softball and years):			
Prior/Maiden Names or Aliases					
Address:			Have you ever been refused participation in any	other youth programs?	
Telephone :	Email:		If yes, explain:	YES	NO
City:	State:	Zip:			
Mailing Address (if different):			Are you currently under court supervision?	YES	NO
			If Yes, please identify the court and duratior	n of supervision:	
Previous states resided in the	past 5 years:		· · · ·	·	
Occupation:			Have you ever been charged with any crime invo	olving or against a minor?	
Employer:				YES	NO
Address:			If yes, provide the type of charge and dispo		
Do you have a valid driver s lic	ense? VES	NO			
Do you have children in the pro	ogram? YES	NO	Have you ever been convicted of a felony?	YES	NO
If yes, at what level?			If yes, explain:		
-					
Community affiliations (Clubs,	Service Organizations, etc.):		Have you ever pled guilty to or been convicted of		
None			lfyes, explain:	YES	NO
Special professional training of None	r certification (CPR, Medical, etc):				
B	e advised, you may be requested to	o provide additional informat	ion to complete this background check.		
n which of the following w	ould you like to participate? (")	K" one or more.)			
League Official =	Head Coach:	Board Member:	— Equipment Manager _	Assist. Coach: ——	
Team Parent: Other:	Coach Trainee :	Medic:	Student Demo:		
-					
contact you about special of		me. However, these partners	o any non-affilliated organization. However, RO s are not permitted to retain your information for OYFT President.	•	

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Please list three references, aside from fan	nily 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, ROYFT 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 ROYFT 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 ROYFT'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 ROYFT, 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, ROYFT 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 ROYFT 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, ROYFT and any and all affiliated parties will be subject to binding arbitration in the locale of the Royal Oak Youth Football Teams, Inc. in Royal Oak, MI in accordance with Michigan law under the guidelines and rules of the American Arbitration Association. Ihereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, ROYFT 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.							
Appl	icant Signature		Date				
Applicant Name (Print or Type):							
NOTE: Royal Oak Youth Football Teams, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.							
For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer. Background check completed by Association officer:							
Background check completed by League. o	fficer:						
or completed by:		Date Completed:					
System(s) used for background check (minimum of one must have "X"):							
Online multistate database: (ChoicePoint, Intellicorp., elc.)	State/Local Criminal History Records:	State Sex Offender Registry:	Other: (please explain)				
Note: You must maintain copies of background check results at the league level for the duration of the volunteer's service to the league.							