

2009 Brazos Valley Football Association Volunteer Application

*Form must be turned in to BVFA by your Town Representative no later than **August 8th, 2008.**
Any application received after August 8th cannot be guaranteed to be processed by the first game.
Application fee: \$15 on or before August 8; \$20 after August 8; \$25 after August 23.
Applications turned in without an application fee **WILL NOT BE PROCESSED.**
Please make checks payable to BL Background.*

PLEASE PRINT NAME AS IT APPEARS ON YOUR DRIVERS LICENSE/LEGAL IDENTIFICATION

First Name Middle Name Last Name Date of Birth

Drivers License Number: _____

Social Security Number **(REQUIRED FOR APPLICATION TO BE PROCESSED):** _____

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of a felony or misdemeanor? | Yes | No |
| 2. Has any court ever received a plea of guilty or nolo contendere from you for any offense? | Yes | No |
| 3. Has any court deferred further proceeding without entering a finding of guilt, or placed you on probation? | Yes | No |
| 4. Have you ever voluntarily resigned, been removed from a position of authority, or arrested for, moral turpitude or dishonesty? | Yes | No |

If you answered YES to any of the preceding four questions, please provide details below or on another sheet to this application. Affirmative answers and/or the conviction of a crime is not an automatic bar to consideration. The nature and date of the offense, and its relationship to the position for which you are applying will be considered.

Please account for that last five (5) years:

Address City State Zip Telephone How long?

I, the above named candidate, hereby consent, authorize, and grant permission to Brazos Valley Football Association (BVFA) to perform a thorough background check on me. I also consent to the release of any information discovered in said background check to the requesting facilities. I further understand that my placement in a coaching position, Board of Directors position, or any other volunteer position may be cancelled and/or affected due to information disclosed by this background check by BVFA or my local organization.

Failure to disclose information is grounds for denial. I certify that all of my statements on this application, the information provided, and attachments hereto, are true and complete to the best of my knowledge.

I also understand that a clear photocopy of my legal drivers license or other VALID PICTURE ID MUST accompany this application. (This will be the photo and name used on your Volunteer badge.)

I further understand that working with the youth of the community is a privilege and not a right.

Legal Name of Applicant (PLEASE PRINT)

Association (Please include name of town)

Signature of Applicant

Date

FOR LOCAL ASSN. USE ONLY:

Date received: _____

Form of payment:

Cash Check No. _____

Received by: _____

FOR BVFA USE ONLY:

Date received: _____