

2007 Brazos Valley Football Association Volunteer Application

Form **MUST** be turned in no later than August 11th, 2007
Applications received after the deadline will be charged a late fee: \$5 fee after August 19th; \$10 fee after August 25th
Please make checks payable to BL Background

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

First Name	Middle Name	Last Name	Date of Birth

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

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|---|-----|----|
| 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:

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Telephone</u>	<u>How long?</u>
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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 photocopy of my legal drivers license or other valid PICTURE ID must accompany this application. (REQUIRED FOR APPLICATION TO BE PROCESSED)

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 (Town Name Only Please)

Signature of Applicant

Date

FOR LOCAL ASSN. USE ONLY:

FOR BVFA USE ONLY:

Date received: _____

Date received: _____

Form of payment:

Cash Check No. _____