



Mid-State Youth Football & Cheerleading Conference

<http://www.mid-stateyouthfootball.org>

20__ Volunteer Application

Name: _____ E-mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: () _____ Work Phone () _____

Date of Birth: _____ Occupation: _____

Employer: _____

Address: _____ City: _____ State: ____ Zip: _____

Position applying for: _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.) _____

Reason for Volunteering: _____

Do you have children in the program: ___ yes ___ no

Special Certifications (ie: CPR, EMT, Medical, etc.) _____

Have you ever been convicted of or plead guilty to any crime(s): ___ yes ___ no

If yes, describe each in full: _____

Have you ever been refused participation in any youth programs? ___yes ___ no

If yes, explain: _____

References:	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Applicant Signature: _____ Date: _____