



Mid-State Youth Football & Cheerleading Conference

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

2010 Volunteer Application

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Date of Birth: ____ / ____ / ____ Occupation: _____

Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Special professional training, skills, hobbies: _____

Community affiliations (Club, 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
	_____	_____
	_____	_____
	_____	_____

Applicant Signature _____ Date _____

Position Applying for: _____