

Del Val United 20__ Volunteer Form

Please return forms to: Del Val United, PO Box 329, Pittstown NJ 08867

Name: _____	Date: _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____		
Address: _____		Do you have children in the program? YES _____ NO _____
City: _____	State: _____	Zip: _____
Telephone: _____		If yes, at what level? _____
Cell: _____		Do you have USA Football Certification? (required to coach): YES _____ NO _____
Mailing Address (if different): _____		
Other Certification(s) (e.g. CPR, AED, Medical etc.): _____		
Email: _____		
Previous states resided in the past 5 years: _____		
Date of Birth: _____		
(mm / dd / yyyy)		
Social Security Number: _____		(background checks require SSN)
Community affiliations (Clubs, Service Organizations, etc.): _____		
Previous/current volunteer experience (e.g. baseball/softball and years): _____		

Do you have children in the program?	YES _____	NO _____
If yes, at what level?	_____	
Do you have USA Football Certification? (required to coach):	YES _____	NO _____
Other Certification(s) (e.g. CPR, AED, Medical etc.): _____		
Have you ever been charged with or convicted of a felony?	YES _____	NO _____
If yes, provide your current legal status (parole, etc.)	_____	
Have you ever been convicted of any crime involving or against a minor?		
	YES _____	NO _____
Have you ever plead guilty to, been convicted of or involved with any other type of crime?		
	YES _____	NO _____
Have you ever been refused participation in any other youth programs?		
	YES _____	NO _____
If YES to ANY of the above, explain: _____		

In which of the following would you like to participate? ("X" one or more; include level/age if desired) **Football:** _____ **Cheer::** _____

Level/Age _____

Head Coach: _____	Concession: _____	Student Vol: _____	
Asst Coach: _____	Fundraising: _____	Merchanise: _____	Team Parent: _____
Equipment: _____	End of Year Banquet: _____	Board Member: _____	Other: _____

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, Del Val United may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Del Val United 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. I hereby release and agree to hold harmless from liability the Del Val United Football Club, 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, Del Val United 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 Del Val United policies or principles.

Applicant Signature _____ **Date** _____