

# Piedmont Youth Football and Cheer League

## 2025 Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Special professional training, skills, hobbies: \_\_\_\_\_

Prior/Maiden Names or Aliases: \_\_\_\_\_

Address: \_\_\_\_\_ Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Previous/current volunteer experience (e.g. baseball/softball and years): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Do you have children in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

Previous states resided in the past 5 years: \_\_\_\_\_ If yes, at what level? \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm / dd / yyyy)

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Have you ever been charged with or convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Social Security Number: \_\_\_\_\_ If yes, provide your current legal status (parole, etc.) \_\_\_\_\_

Occupation: \_\_\_\_\_ Have you ever been convicted of **any** crime involving or against a minor?

Employer: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Address: \_\_\_\_\_ Have you ever plead guilty to, been convicted of or involved with any other type of crime?

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ 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.)

League Official: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Board Member: \_\_\_\_\_ Equipment Manager: \_\_\_\_\_ Assist. Coach: \_\_\_\_\_

Team Mom: \_\_\_\_\_ Coach Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_ Student Demo: \_\_\_\_\_

Other: \_\_\_\_\_

Association Name: \_\_\_\_\_

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## Official 2025 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

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<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, PYFCL 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 PYFCL 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 in compliance with PYFCL's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local PYFCL, 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, Piedmont Youth Football and Cheer League 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 Piedmont Youth Football and Cheer policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Piedmont Youth Football Cheer League and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Applicant Name (Print or Type):** \_\_\_\_\_

NOTE: Piedmont Youth and Football League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**For Local Use Only.** Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by <u>Association</u> officer:	_____
or	_____
Background check completed by <u>League</u> officer:	_____
or	_____
completed by: _____	Date Completed: _____

**System(s) used for background check (minimum of one must have "X"):**

Online multistate database: \_\_\_\_\_ State/Federal Criminal History Records: \_\_\_\_\_ FEDERAL Sex Offender Registry \_\_\_\_\_ Other (please explain): \_\_\_\_\_  
(Choicepoint, etc.)

**LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.**