

Experience Working with Youth

Have you ever been convicted of child abuse or other crime involving a victim who was under the age of 18 years?? Yes / No

Would you be willing to attend a Coaches Clinics to further your knowledge and skills?? Yes / No

Do you have anyone in mind to assist you? Yes / No

If Yes,

Name	Phone#
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Name	Phone#
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Other than the above do you know of anyone else who may be interested in Coaching or Refereeing?

Name	Phone#
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Name	Phone#
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Comments

Please list 3 people who are not family members who can comment on your suitability to be a volunteer with Casper Midget Football.

Name _____

Address _____

City _____ State. _____ Zip _____

Phone _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone. _____

Name. _____

Address _____

City _____ State. _____ Zip _____

Phone _____

What states have you lived in _____

Driver's License Number _____ State _____

Other names you have been known by _____

CONSENT FORM

As a condition of volunteering, I give permission for Casper Midget Football Association (CMFA) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon CMFA receiving no disqualifying information on my background. I hereby release and agree to hold harmless from liability CMFA, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CMFA is not obligated to appoint me to a volunteer position. If appointed, 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 violation of CMFA policies or principles. I further acknowledge that CMFA will send a list of all volunteers to local law enforcement and to the Wyoming Department of Family Services.

Name Printed

Signature / Date