



Lakewood Youth Football & Elite Cheer

Volunteer Application

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Driver's License Number: _____

State Issued: _____ Date of Birth: _____

Alias / Maiden Name: _____

VOLUNTEER POSITION: _____

(Tell us how you can help: Asst. Coach, Team Parent, Field Monitor, Scoreboard, Filming, Field Crew, Concessions)

Will you have a youth athlete participating in the program this year? YES / NO

If so what Team(s): _____

Have you ever been refused participation in any youth sports organization? YES / NO

Have you Ever been convicted of a Felony? YES / NO

Do you have First Aid OR CPR training? YES / NO

If yes, please confirm when certification expires: _____

If not, would you be willing to be First Aid & CPR Certified if needed? YES / NO

Do you have a current Food Handlers Permit? YES / NO

Do we have your permission to complete a background check? YES / NO

Lakewood Youth Football (LYFAA) requires a current background check for any volunteer on your leadership team including Executive Board Members, Committee Chairpersons, Head Coaches, Assistant Coaches & Team Managers. LYFAA also requires background checks for our game day & seasonal volunteers too. **By selecting "YES" above I am giving permission for LYFAA to conduct a background check on me, which may include review of sex offender registries, child abuse & criminal history records. I understand that, if appointed, my position is conditional upon LYFAA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the LYFAA Officers, Volunteers, and any other person or organization that may provide such information.**

PLEASE READ: I agree to adhere to the rules and code of conduct set forth by Lakewood Youth Football Athletic Association (LYFAA) and North Cascade Youth Football League (NCYFL). I understand that regardless of previous appointments, LYFAA is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, if I violate any LYFAA policies or principles as outlined in the Code of Conduct or Bylaws or undertake any activity that is deemed by the Board as not in the best interest of our student athletes or the organizations programs, I will be subject to suspension and/or removal from volunteering within the LYFAA Organization.

Signature / Print Name _____

Date _____