

CYAA Volunteer Application

Christian Youth Athletic Association
 Soccer | Basketball | Flag Football | Volleyball www.cyaa.org
 Please complete all requested information and sign.

Date		Social Security Number					
Last Name			First Name		MI	Suffix	Nickname
Telephone ()		Street Address			City		State Zip
If you have lived at the above address for less than five years, please list prior address		Prior Address			City		State Zip
Business / Employer			Business Telephone ()		Fax ()		e-mail address
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth date	Driver's License Number		State	Expiration	OR Photo ID Number State Expiration	
<u>I Volunteer to Coach</u>		<u>Name(s) of my Child(ren) I wish to Coach</u>			<u>I Volunteer to Referee</u>		<u>I Volunteer to the Following Administrative Position</u>
<input type="checkbox"/> Team Coach		_____			<input type="checkbox"/> Referee		<input type="checkbox"/> _____
<input type="checkbox"/> Assistant Coach		My Child's School Name			<input type="checkbox"/> Assistant Referee		<input type="checkbox"/> _____
Years of Experience _____		_____			Years of Experience _____		Years of Experience _____

PROFESSIONAL REFERENCES (Employment, School, Church or Other Organization)

Last Name		First Name			Relationship		
Telephone ()		Street Address			City		St. Zip

PERSONAL REFERENCES (Non-Relative, known at least one year.)

Last Name		First Name			Relationship		
Telephone ()		Street Address			City		St. Zip

PRIOR VOLUNTEER REFERENCES (Your prior Youth-Related experience)

Organization Name		Your Volunteer Position in Organization			Dates of Your Volunteer Activity		
Reference Last Name		Reference First Name			Reference's Position in Organization		
Telephone ()		Street Address			City		St. Zip

DISCLOSURE STATEMENT

I have read and understand that I may be disqualified and prohibited from serving as a volunteer of CYAA if, among other things, I have:

- 1) Been convicted (includes crimes of record which have been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony, assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, controlled substance crimes, or any other felony;
- 2) Been adjudged liable for civil penalties or damage involving sexual, physical or verbal abuse of children;
- 3) Been subject to any court order involving any sexual, physical or verbal abuse of a minor, including, but not limited to, a domestic or protection order;
- 4) Had parental rights terminated;
- 5) A history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse of minors;
- 6) Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse of minors;
- 7) A history of behavior that indicated I may be a danger to children in the CYAA program.

DISCLAIMER. Do any of the statements above apply to you? Yes No If you checked "YES" to any disclosure item, please indicate number(s) _____ and attach an explanation on separate page

WAIVER, CONSENT AND RELEASE OF LIABILITY: I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless CYAA and its officers, employees and volunteers, and any person or organization that provides information for or to CYAA, concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with CYAA.

If accepted as an CYAA volunteer, I hereby agree to abide by the CYAA Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Board of Directors, and understand that I may be removed as an CYAA volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in CYAA necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation.

I further acknowledge that the Christian Youth Athletic Association ("CYAA") is primarily administered by volunteers rather than paid professionals.

In consideration of accepting the registration and permitting my voluntary participation in its programs, for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless CYAA, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that my result to me while participating in any CYAA-sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, WAIVER CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND.

Signature: _____ Date: _____