

## NJAYF Background Check Form 2016

### 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.): _____
Social Security Number: _____		Have you ever been convicted of a felony? YES _____ NO _____
Occupation: _____		If yes, provide your current legal status (parole, etc.) _____
Employer: _____		Have you ever been convicted of <b>any</b> crime involving or against a minor? YES _____ NO _____
Address: _____		Have you ever plead guilty to, been convicted of or involved with any other type of crime? If yes, explain: YES _____ NO _____
Do you have a valid driver's license? YES _____ NO _____		
Driver's License#: _____	State: _____	
		Have you ever been refused participation in any other youth programs? If yes, explain: YES _____ NO _____

**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: \_\_\_\_\_

**Privacy Policy:** Your privacy is important to us. NJAYF does not sell or release contact information to anyone non-affiliated without your permission.

## NJAYF Volunteer Application (page 2)

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

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

**Name:**

**Nature of Relationship:**

**Phone #:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, NJAYF 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 NJAYF 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 NJAYF 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 AYF franchise or NJAYF Incorporated, 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, NJAYF or your local AYF franchise 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 NJAYF policies or principles. .

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

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

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

NOTE: NJAYF Inc. 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 Association officer: \_\_\_\_\_

or

Background check completed by League 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.)

\*\* NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with NJAYF guidelines and MUST be supplemented by one or more of the above

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