



Grand Island Jr. Vikings Football / Cheerleading
Volunteer Application Form - for the 2015 Season

**** Do not use forms from past years. Use extra paper to complete if additional space is required ****

**PLEASE PROVIDE A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION.
THIS MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Alternate phone: _____

Email address: _____

Date of Birth: _____ Occupation: _____

Social Security Number: _____

Employer: _____

Address: _____

Special training, skills, hobbies: _____

Community affiliations (clubs, service organizations, etc.): _____

Previous volunteer experience: _____

Do you have children in the program: Yes No

If yes, at what level and participation:

Special certifications (CPR, Medical, etc.)

Do you have a valid driver's license: Yes No

Drivers license number: _____ State: _____

Have you ever been convicted of or plead guilty of any crime(s): Yes No



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If yes, please describe each in detail (use extra paper if needed) _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, please describe each in detail (use extra paper if needed) _____

Have you ever made an admission or been found by any Court or County Agency to have neglected or abused a child? Yes No

If yes, please describe each in detail (use extra paper if needed) _____

In which of the following would you like to participate:

Head Coach: _____division Football Cheerleading

Assistant Coach: _____division Football Cheerleading

Concession Stand: _____ please list availability

Board of Directors: _____position (if open)

Statistics: _____

Other (describe): _____

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

1. _____

2. _____

3. _____



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As a condition of volunteering, I give permission to Grand Island Jr. Vikings, Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.

As a condition of volunteering, all applicants will be required to sign a Code of Conduct Agreement and Acknowledgement of Receipt of Parent Handbook for the 2014 season. I understand that, if appointed by the Board of Directors, my position is conditional upon the Organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Grand Island Jr. Vikings, Inc., the Board of Directors, the officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Grand Island Jr. Vikings, Inc. 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 violations of Grand Island Jr. Vikings, Inc. policies and procedures, by-laws and code of conduct.

Applicant Signature: _____

Date: _____

Applicant Name (please print or type):

Completed forms should be mailed to: GIJVV, PO Box 145, Grand Island, NY 14072 and **MUST** be accompanied by a copy of a valid government photo identification.

Note: Grand Island Jr. Vikings, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Grand Island Jr. Vikings, Inc. Use Only:

Background check completed by _____ on the following date _____.

System(s) used for background check include: Sex offender registry and _____ Criminal History Check.