



MERKEL YOUTH FOOTBALL AND CHEER ASSOCIATION

PO Box 193, Merkel, Texas, 79536

325.400.9565 | www.myfca.us

EXECUTIVE BOARD OF DIRECTORS NOMINATION FORM

Personal Information

Name: _____

Date of Birth: _____ DL/ID #: _____ STATE: _____

Address:

Number _____ Street _____ City _____ State _____ Zip _____

Contact:

Contact Number _____ Alt Contact Number _____

Email _____

Experience and Associations

Occupation: _____ Employer: _____

Address:

Number _____ Street _____ City _____ State _____ Zip _____

Contact Number: _____

Professional skills, training, licenses, certifications:

Hobbies, interests, community affiliations, clubs, or organizations:



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EXECUTIVE BOARD OF DIRECTORS NOMINATION FORM (CONT.)

Authorization to Release Information

As a condition of volunteering, I, _____, authorize and give permission to the Merkel Youth Football and Cheer Association (MYFCA) and the West Texas Rural Youth Football (WTRF) to conduct a background check. I understand this check may include, but is not limited to, local law enforcement, state law enforcement, and federal law enforcement databases, sex offender registry and Department of Public Safety Computer Criminal History checks. Though the MYFCA and WTRF will not disclose information obtained as a result of a background investigation, this authorization releases the MYFCA and WTRF of any liabilities that may occur due to information collected and disclosed to MYFCA and WTRF. I hereby release and hold harmless from liability MYFCA, WTRF, the officers, volunteers, or any other person, organization, or agency, that may provide such information.

I understand that regardless of previous appointments, MYFCA and WTRF is not obligated to appoint me to a volunteer position. I further understand that if appointed, my position is conditional upon the MYFCA and WTRF approval, based on the information received by any of the aforementioned sources. I understand that prior to the expiration of my term, I am subject to suspension and/or removal by the aforementioned for violations under the policies and regulations of MYFCA or WTRF, or any criminal acts or offenses that you are suspected or have committed post dating the undersigned date and background check.

The MYFCA nor the WTRF shall not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

Signature

Printed Name

Date

NOTARY:

Sworn to and subscribed before me, this the _____ day of _____,

20____. Notary public in and for, State of _____.

Printed Name

Signature

STAMP/SEAL: