



MERKEL YOUTH FOOTBALL AND CHEER ASSOCIATION

PO Box 193, Merkel, Texas, 79536

325.400.9565 | www.myfca.us

VOLUNTEER APPLICATION

Personal Information

Name: _____

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

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:

Any previous volunteer experience? **(not required)* Yes No

If yes, explain:



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VOLUNTEER APPLICATION (Cont.)

Do you have children participating in MYFCA or WTRYF? Yes No

If Yes: Child's Name: _____ Football Cheer

 Grade or Team: Flag Mighty Mites Junior Pee-Wee Pee-Wee

What would like to Volunteer for? (*Concessions, Chains, etc.*)

Is there anything that you are not able to volunteer for? Y N

Explain: _____

Criminal History

Have you ever been convicted or plead guilty to any crimes (*excluding Traffic violations*)? Y N

If Yes, please provide date and description of each conviction:

_____	_____
Date	Description
_____	_____
Date	Description
_____	_____
Date	Description

Have you ever been arrested or investigated for a crime against children? Y N
(injury to a child, sexual assault), whether you were convicted or not?

If Yes, please provide disposition of offense and date:

_____	_____
Disposition	Date
_____	_____
Disposition	Date
_____	_____
Disposition	Date

Have you ever been refused or removed from participation in any youth program, league, or association? Y N

If Yes, please state organization and reason for refusal or removal:



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VOLUNTEER APPLICATION (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

----- OFFICIAL USE ONLY -----

Background Investigation completed by: _____
Name Title

Date Checked: _____

System(s) used for background check:

___ CCH ___ Local Check ___ Sex Offender Registry

Attach any copies of background checks to this application only.