



FAIRFAX-FLETCHER SOCCER CLUB VOLUNTEER FORM

APPLICANT INFORMATION

Applicant Last Name: _____ First Name: _____

Address: _____

City: _____ Zip _____

Phone: _____ Cell: _____ Email: _____

Volunteer Position:

* Head Coach Age Level(s): _____ **Shirt Size:** XS S M L XL XXL

* Asst. Coach Age Level(s): _____ **Shirt Size:** XS S M L XL XXL

* Team Parent/Manager * Fundraiser Coordinator * Field Maintenance

Valid Driver's License: Yes No

****Please email copy of DL to FFSC****

Driver's License #: _____ State: _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?

Yes No If yes, describe each in full: _____

Are there criminal charges pending against you regarding crime(s) involving or against a minor?

Yes No If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs?

Yes No If yes, explain: _____

AS A CONDITION OF VOLUNTEERING, I give permission for the Fairfax-Fletcher Soccer Club (FFSC) to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records.

I understand 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 FFSC and its Officers. I also understand that, regardless of previous appointments, FFSC 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 violation of FFSC policies or principles.

Print Name: _____

Signature: _____ Date: _____