



**BREVARD COUNTY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION, INC.  
MEMBER VOLUNTEER APPLICATION**

**VOLUNTEER APPLICATION**-A copy of issued Photo ID must be attached to application.  
To be completed by ALL Volunteers: i.e. Coaches, Team Moms and Board Members of BCYFCA.

Member League Name: \_\_\_\_\_

**PERSONAL INFORMATION:**

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Last 7 years): \_\_\_\_\_

Add'l Address: \_\_\_\_\_

Have you been convicted of a crime? If yes explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUALIFICATIONS:**

What position are you applying for: Coach, Board Member, Team Mom, etc.

Have you ever been refused participation in any youth sports program? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**CONSENT/RELEASE:**

I authorize and give consent for BCYFCA or League Designee referenced above to obtain my personal information. This includes, but are not limited to criminal background records/information; criminal background check; coaching experience, personal references, and addresses. I authorized this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the BCYFCA or League, that the BCYFCA is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability arising out the use of the information that is uncovered in the above referenced checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of League President: \_\_\_\_\_ Pass  Fail

Background Completed by (Company): \_\_\_\_\_

**BCYFCA ADMIN BOARD MEMBER:** \_\_\_\_\_