



Suntree/Viera Youth Football League

P.O. Box 410981
Melbourne, Florida 32941
www.svyfl.com



2009 VOLUNTEER APPLICATION

FULL LEGAL NAME: _____

OTHER NAMES USED: _____

MAIDEN NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

PLACE OF BIRTH: _____

VOLUNTEER POSITION REQUESTED: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SIGNATURE: _____ DATE: _____

A BACKGROUND CHECK WILL BE DONE ON EACH APPLICANT

COACHES WILL BE APPROVED BY THE SUNTREE/VIERA YOUTH FOOTBALL BOARD OF DIRECTORS.

I hereby authorize and consent to Suntree Viera Youth Football League performing a complete background check on myself, including but not limited to, a criminal history, sexual offenders/predators search or any other type of background screening which can be performed in order to ensure the protection and well being of the children who I will be in contact with during my time as a coach/volunteer.

Date: _____

Witness Signature

Coach/Volunteer Signature

Print Witness Name

Print Coach/Volunteer Name