

MASSABESIC AREA YOUTH
FOOTBALL & CHEERING
BOARD OF DIRECTORS APPLICATION

(PLEASE PRINT)

First Name & Initial

Last Name

Mailing Address – Street or RFD

City, State and Zip

E-mail Address

Date of Birth

Home Phone

Business Phone

Cell Phone

Occupation, employer, business address

Years at employment

Drivers license #

1) Football or cheering background

Football Cheering Year _____

2) Experience working with youth in other organizations _____

3) Previous residences for last 5 years:

4) References: Please list those who are familiar with your character as it relates to working with youths. References will only be checked when necessary.

1. _____
2. _____
3. _____

5) Additional information:

a) Have you ever been charged with child abuse or neglect? YES NO

b) Has your driver's license ever been suspended or revoked? YES NO

c) Other than the above, is there is any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision and care of young people? YES NO

(If YES explain on back side of this form)

I UNDERSTAND THAT:

a) The information that I have provided may be verified, if necessary by contacting persons or organization that may have info concerning me. I hereby release and agree to hold harmless the Massabesic Area Youth Football & Cheering Officers and volunteers thereof.

b) In signing this application, I affirm that the Information I have given is true and correct.

Signature of applicant

Date

MASSABESIC AREA YOUTH
FOOTBALL & CHEERING
BOARD OF DIRECTORS APPLICATION

1.) Your reasons for wanting to be on the Board of Directors

2.) Board Position for which you are applying _____

3.) Do you have any children in the program? YES NO

4.) What strengths would you bring to the board:

X _____
Signature of Applicant

Date

Board approved: YES NO

Date of approval: _____

Signed by: _____