



TOKAY JR TIGERS

PO Box 2397

LODI, CA 95241

209-327-5279/327-4784

THE DELTA YOUTH SPORTS ASSOCIATION (DYSA) WILL NOT DISCRIMINATE AGAINST ANY PERSON(S) SEEKING THE OPPORTUNITY TO VOLUNTEER AND PARTICIPATE IN ANY CAPACITY ON THE BASIS OF RACE, CREED, COLOR, NATURAL ORIGIN, MARITAL STATUS, SEX, SEXUAL ORIENTATION, OR DISABILITY.

PLEASE READ ALL TERMS AND CONDITIONS CAREFULLY

PURPOSE: THIS FORM ALLOWS THE DYSA BOARD OF DIRECTORS TO FOLLOW A REGIMENTED PROCESS FOR THE REVIEW AND SELECTION OF VOLUNTEERS TO FILL POSITIONS WITHIN THE DYSA BOARD OF OFFICERS. PRIOR TO ANY INDIVIDUAL BEING APPOINTED TO A VOLUNTEER POSITION THEY MUST SUBMIT A COMPLETED APPLICATION, AGREE TO A BACKGROUND CHECK/INVESTIGATION AND POSSIBLY INTERVIEW WITH THE DYSA BOARD OF DIRECTORS (BOD) FOR FINAL APPROVAL OF ANY APPOINTMENT.

INSTRUCTIONS: PLEASE FILL OUT THIS FORM IN ITS ENTIRETY. PLEASE SUBMIT SCAN FOR SUBMISSION BY EMAIL (PREFERRED) OR U.S. POSTAL SERVICE. DYSA BOD WILL CONSIDER AND APPOINT CANDIDATES UNTIL ALL POSITIONS ARE FILLED.

APPLICANT'S INFORMATION:

FULL NAME: _____

PREFERRED NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ STATE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PERSONAL EMAIL: _____ SHIRT SIZE: _____

EMPLOYMENT INFORMATION:

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____ POSITION/TITLE: _____

WORK PHONE NUMBER: _____ YEARS THERE: _____



POSITION VOLUNTEERING FOR: _____

PLEASE LIST ANY CHILDREN YOU HAVE PLAYING FOOTBALL OR CHEERING IN THE LEAGUE THIS SEASON

NAME OF CHILD #1: _____

DATE OF BIRTH: _____ LEVEL: _____

NAME OF CHILD #2: _____

DATE OF BIRTH: _____ LEVEL: _____

NAME OF CHILD #3: _____

DATE OF BIRTH: _____ LEVEL: _____

NAME OF CHILD #4: _____

DATE OF BIRTH: _____ LEVEL: _____

VOLUNTEER EXPERIENCE:

1. DO YOU HAVE ANY YOUTH FOOTBALL OR CHEER VOLUNTEER EXPERIENCE? YES / NO

IF SO, PLEASE LIST THE 3 MOST RECENT VOLUNTEER EXPERIENCES:

ORGANIZATION: _____ YEAR: _____

ORGANIZATION: _____ YEAR: _____

ORGANIZATION: _____ YEAR: _____

2. PLEASE LIST OTHER YOUTH SPORTS AND/OR VOLUNTEER ORGANIZATION EXPERIENCE YOU MAY HAVE:

ORGANIZATION: _____

SPORT: _____ YEAR: _____

ORGANIZATION: _____

SPORT: _____ YEAR: _____

ORGANIZATION: _____

SPORT: _____ YEAR: _____

ORGANIZATION: _____

SPORT: _____ YEAR: _____



3. IF POSSIBLE, PLEASE PROVIDE AT LEAST TWO YOUTH SPORTS AND/OR VOLUNTEER ORGANIZATION REFERENCES:

ORGANIZATION: _____

CONTACT NAME: _____ PHONE: _____

ORGANIZATION: _____

CONTACT NAME: _____ PHONE: _____

PLEASE PROVIDE AT LEAST THREE PERSONAL REFERENCES:

CONTACT NAME: _____ PHONE: _____

CONTACT NAME: _____ PHONE: _____

CONTACT NAME: _____ PHONE: _____

CRIMINAL HISTORY AND BACKGROUND INQUIRY:

PLEASE COMPLETE THE FOLLOWING (AS IT APPEARS ON YOUR DRIVER'S LICENSE):

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____

ISSUING STATE: _____ EXPIRATION DATE: _____

MAIDEN NAME/ALIAS: _____

IF AT CURRENT RESIDENT LESS THAN 7 YEARS PLEASE PROVIDE THE FOLLOWING INFORMATION:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE FROM: _____ DATE TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE FROM: _____ DATE TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE FROM: _____ DATE TO: _____



PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY: Yes / No

1. DO YOU NOW, OR HAVE YOU EVER, ABUSED ILLEGAL SUBSTANCES OR BEEN CONVICTED OF A DRUG-RELATED CRIME?
YES / NO

2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
YES / NO

3. HAVE YOU EVER BEEN CONVICTED OF CHILD NEGLECT, CHILD ABUSE OR SPOUSAL ABUSE?
YES / NO

4. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED WITHIN THE PAST 10 YEARS?
YES / NO

5. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN INDICTED FOR SUBSTANCE OR SEXUAL ABUSE?
YES / NO

6. OTHER THAN THE ABOVE MATTERS, IS THERE ANY FACT OR CIRCUMSTANCE INVOLVING YOU OR YOUR BACKGROUND THAT WOULD CALL INTO QUESTION YOU BEING ENTRUSTED WITH THE SUPERVISION, GUIDANCE, AND CARING OF YOUNG PEOPLE?
YES / NO

NOTE: ATTACH A STATEMENT OF EXPLANATION ON A SEPARATE SHEET OF PAPER FOR ANY 'YES' ANSWER OR FOR ANY QUESTION YOU DID NOT UNDERSTAND OR ANY QUESTION YOU DO NOT KNOW THE ANSWER.

AUTHORIZATION TO CONDUCT A BACKGROUND CHECK:

BY AGREEING TO THESE TERMS, I GIVE MY PERMISSION TO DELTA YOUTH SPORTS ASSOCIATION (DYSA) OR THEIR OFFICIAL DESIGNEES TO CONDUCT A BACKGROUND CHECK ON ME WHICH MAY INCLUDE A REVIEW OF CRIMINAL AND CHILD ABUSE RECORDS MAINTAINED BY GOVERNMENTAL AGENCIES. I UNDERSTAND THAT IF APPOINTED TO A VOLUNTEER POSITION, SUCH POSITION IS CONDITIONAL UPON THE DYSA RECEIVING NO INAPPROPRIATE INFORMATION ON MY BACKGROUND. I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY THE DYSA ORGANIZATION, THE OFFICERS, EMPLOYEES, VOLUNTEERS AND CONTRACTORS THEREOF, OR ANY OTHER PERSON OR ORGANIZATION THAT MAY PROVIDE SUCH INFORMATION. I ALSO UNDERSTAND THAT REGARDLESS OF PREVIOUS APPOINTMENTS, I MAY NOT BE APPOINTED TO A VOLUNTEER POSITION. IF APPOINTED, I UNDERSTAND THAT, PRIOR TO THE EXPIRATION OF MY TERM; I AM SUBJECT TO SUSPENSION BY THE COMMISSIONER AND REMOVAL BY THE BOARD OF DIRECTORS. I HEREBY CERTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR NON-TRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FINDING ME UNSUITABLE FOR APPOINTMENT TO ANY POSITION. I UNDERSTAND I MAY BE PROSECUTED FOR PERJURY IF MY ANSWERS TO QUESTIONS 2 AND 5 ON THE PREVIOUS PAGE (PAGE 3) ARE NOT TRUE. I HEREBY AUTHORIZE THE DYSA, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND CONTRACTORS TO USE THIS FORM TO OBTAIN INFORMATION FROM RECORDS OF THE CALIFORNIA STATE POLICE AND/OR ANY OTHER FEDERAL, STATE AND LOCAL GOVERNMENT OR LAW ENFORCEMENT AGENCY PURSUANT TO COMPLETING A BACKGROUND CHECK REGARDING MY CRIMINAL AND CHILD ABUSE HISTORY. I UNDERSTAND THAT DYSA MUST NOTIFY ME OF ANY FINDINGS UPON WRITTEN REQUEST.

BY SIGNING THIS FORM BELOW I PERMIT DYSA TO DO A BACKGROUND INVESTIGATION EITHER BY DYSA OFFICERS, EMPLOYEES, VOLUNTEERS AND/OR CONTRACTORS.

SIGNATURE: _____

DATE: _____



