Brazos Valley Football Association

2018 Volunteer Application — Tackle Season Only

This form must be turned in to BL Background by your Town Representative no later than July 29th, 2018 (Coaches Meeting)

Applications received on or before July 29th will be charged a \$15 fee. All applications received after July 29th will be charged a \$25 fee.

Applications turned in without an application fee or identification photo WILL NOT BE PROCESSED

Please make checks/money orders payable to BL Background

PLEASE PRINT YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE / LEGAL IDENTIFICATION (Don't forget to attach a clear copy of your ID to be used on your Volunteer ID Badge!)

First Name	Middle and/or Maiden Name	Last Name		Date of Birth		
Drivers License Num	nber:					
2. Has any court ever3. Has any court defer	n convicted of a felony or misdemeanor? received a plea of guilty or nolo contendere fron red further proceeding without entering a findir ntarily resigned, been removed from a position of	ng of guilt, or placed you on	,	Yes Yes Yes Yes	No No No	
application. Affirma	to any of the preceding four questions, ple tive answers and/or the conviction of a crin and its relationship to the position for whice	ease provide details below ne is not an automatic ba	w or on another sh or to consideration			
Please account for t Address	he last five (5) years, starting with your mos City S	st current address: itate Zip	Telephone	How lor	ng?	
background check on	andidate, hereby consent, authorize, and grant p me. I also consent to the release of any informa lacement in a coaching position, Board of Direct	tion discovered in said back	ground check to the	e requesti	ng facilities. I further	
Failure to disclose info	closed by this background check by BVFA or my or brmation is grounds for denial. I certify that all of complete to the best of my knowledge.	-				
I also understand that	a clear photocopy of my legal driver's license or	other VALID PICTURE ID MI	JST accompany this	<mark>applicatio</mark>	o <mark>n.</mark>	
I further understand	I that working with the youth of the commu	nity is a privilege and no	t a right.			
Signature of Applica	nnt [Date	Association (Plea	se includ	e name of town)	
FOR LOCAL ASSN. USE ONLY: Date received: Form of payment: Cash Check N	 o			FOR BL BACKGROUND USE ONLY: Date received:		
Town Rep approval:			Paid:	Υ	N	