

2015 WAYFL Volunteer Application

Each person who wishes to participate in WAYFL programs must complete this application and submit it to WAYFL, P.O. Box 1442 Wausau, WI 54402 before participation as a volunteer.

(Please print)

Name _____

Birth Name or Other Name(s) Used: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Date of Birth _____

Email: _____

Employer _____

Employer
Address _____

Occupation _____

Community Affiliations: (Clubs, Service, Organizations, etc.)

Do you have children in the program? Yes No If yes, at what level?

Do you have a valid Driver=s License? Yes No :

Have you ever been convicted of any crime(s)? Yes No If yes, describe each conviction in full (include dates):

Have you ever been refused participation in any other youth programs? Yes No If yes, explain (include dates):

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No If yes, explain (include dates):

Have you ever been subject to any court order involving any sexual or physical abuse of a minor? Yes No If yes, explain (include dates):

Have you ever been the subject of a complaint for sexual or physical abuse of a minor? Yes No If yes, explain (include dates):

In which of the following would you like to participate? (Check all that apply)

League Official

Coach Field

Setup

Board Member

Concession Stand

Other _____

I certify that all information given by me in this application is true and correct to the best of my knowledge. I give permission for WAYFL to investigate all information contained in this application, including permission to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I hereby release and agree to hold harmless from liability WAYFL directors, officers, employees, volunteers and agents thereof, or any other persons or organizations that may provide such information. I also understand that regardless of previous appointments I might 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 President of WAYFL and removal by the Board of Directors.

Applicants Name _____ Date _____

Applicants Signature _____

NOTE: WAYFL will not discriminate against any person on the basis of race, religion, creed, color, national origin, marital status, gender or sexual orientation, or disability.