

Federal Way Sports Authority (FWSA)



VOLUNTEER APPLICATION FORM (JUNIOR FOOTBALL)

www.fwsasports.org

Personal Information (required)

Name (Maiden) _____ Email _____
Address _____ City _____ ZIP _____
Prev. Address _____ City, State, Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____
Social Security # _____ Date of Birth _____ Driver's License # _____

References

Name _____ Contact # _____
Name _____ Contact # _____

Questionnaire

Position you are volunteering for: _____ Which Team: _____
Marital Status _____ Number of Children _____ Number of Children Playing _____
Volunteered in FWSA Before? _____ If Yes, Which Sport? _____ Years _____
Coached football/cheer before? _____ Played football/cheered before? _____ Level played? _____
Have you received training in the following: ☐ CPR ☐ First Aid Other Training _____
Have you attended any of the following: ☐ FWSA Clinic ☐ Concussion Clinic Other _____
Rate your level of football experience (Beginner, Intermediate, Knowledgeable): _____

Background (required)

Have you ever been convicted of any crimes against people/children per RCW 43.43.830? _____
Have you ever been convicted of crimes relating to controlled substances? _____
Have you ever been convicted of crimes relating to theft of money or property? _____
Have you been convicted of any felony or been released from prison within the past 10 years? _____
Have you been convicted of any misdemeanors other than traffic within the last 3 years? _____
Have you ever been refused participation in any other youth related programs or activities? _____

If you answered yes to any of the questions listed above, please provide details including date of violation, charges, convictions, disposition and/or release dates (attach separate sheet if needed)

Notification and Authorization for Background Investigation Disclosure Statement

www.fwsasports.org

Federal Way Sports Authority (FWSA) is a recreational program designed to teach children between the ages of 6 and 14 the fundamental of football and to promote the highest form of sportsmanship, fellowship, recreation and competition through voluntary participation. Our program is also built to motivate, educate, and encourage young athletes on the values of Character, Leadership, Community, Pride, Sportsmanship, Attitude and Winning through the fundamentals of football. This program is not intended to hinder the public school athletic programs, but rather to give all eligible individuals the opportunity to participate in the American tradition of football

Volunteers are an essential part of our organization. We cannot function without dedicated people at every level of the organization. When the development between coaches and players are established, the ability to teach the game begins to have the positive psychological effects that coaches' should exemplify towards their players. While creating consistency it will create impressions on youth that can last a lifetime. For these reasons, Federal Way Sports Authority (FWSA) carefully screens, conducts background checks and trains its volunteers before they are permitted to be associated with children. All interactions with our youth should be conducted in a manner that reflects positively on yourself, your team and our community. For more information regarding the rules, regulations and policies of Federal Way Sports Authority (FWSA), go to <http://www.fwsasports.org>.

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to developmentally disabled persons, or to vulnerable adults, are required to disclose the information requested on this form. Failure to provide this information may disqualify you from a volunteer position.

IF YOU DO NOT AGREE, NOR ARE YOU WILLING TO COMPLY WITH THE PHILOSOPHY OF FWSA, WE ASK THAT YOU DO NOT COMPLETE THIS APPLICATION

I understand that I will be required to produce photo identification (driver's license or state issued identification card) and/or Social Security card to positively establish my identity and that a photocopy of the identification provided will be attached to this form. I authorize Federal Way Sports Authority (FWSA) ("the League") to make such investigations and inquiries as necessary in arriving at a volunteer placement decision. I understand that (FWSA) will inquire to the Washington State Patrol and/or a National Background Investigation Agency regarding my criminal history and conviction records, disciplinary board final decisions, or civil adjudication records. I understand that information provided from such individuals will not be made available to me and that the information I provide is for FWSA use only. I release and hold harmless Federal Way Sports Authority (FWSA) and its Teams, from any and all liability in responding to inquiries in connection with my application.

Any offer of volunteer placement is contingent upon an acceptable outcome of the criminal records check. I agree that Federal Way Sports Authority (FWSA) may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and by-laws of Federal Way Sports Authority (FWSA), and that if appointed, I understand that, prior to the expiration of my term, I am subject to suspension and/or removal for violation of team and/or League rules, policies or principles. I understand that if I am accepted as a volunteer, an identification badge will be issued and that the badge will be required to be worn during team and league activities.

I acknowledge that I have read this entire Notification and Authorization for Background Investigation Disclosure Statement. I understand the requirements, and I grant permission to Federal Way Sports Authority (FWSA) to make inquiry to the Washington State Patrol under the provisions of this law pursuant to RCW 9A.72.085, and/or a National Background Investigation Agency. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Printed Name _____

Signature _____

Date _____

Accepted by: _____

FWSA USE	Checked by: _____	☐ WSP Validation# _____
	Check Date _____	☐ Validation# _____
	☐ Approved ☐ Rejected ☐ Additional Information Required	