

# Warren Township Youth Football Inc. 2007 Board Member Application

## Background Information

It is the goal of the WYTF Executive Board to provide our young athletes with the most qualified Volunteers available who share the WYTF philosophy. Each application will be reviewed and/or the applicant interviewed by the Board and notified if they have been approved. Final approval is in accordance with the WYTF Rules and Bylaws

Applicants must also submit to a Criminal Background Check by the Illinois State Police or any other necessary law enforcement agency in order to be considered for a position on the WYTF Board.

Have you ever been convicted of any felonies or misdemeanors ( other than traffic violations ) in the past 5 years? \_\_\_\_\_ If yes, Please describe on a separate sheet of paper.

Have you ever been removed, restricted, suspended, or asked to resign from a position of authority, (i.e. Board Member, Coach, Team Parent, ect...) in a youth sports program? \_\_\_\_\_ If yes, Please describe on a separate sheet of paper.

### If elected to a Board Position in WTYF:

? I agree to act in a professional manner and promote good sportsmanship.

? I agree to do what is in best interest of the athletes..

? I agree to attend and participate in all required Board meetings.

? I understand that failure to comply with any of these obligations can result in removal from the WTYF Board.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Drivers License # & State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please Mail to Warren Township Youth Football at PO Box 293 Gurnee, IL 60031

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### (For WTYF use only)

Interview Required Yes No Interview Date \_\_\_\_\_

Background Check Completed Yes No Date Completed \_\_\_\_\_

(If no list reason below)

Board of Directors Approved Rejected Date \_\_\_\_\_

Warren Township Youth Football Inc.  
2007 Board Member Application

Full Legal Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_ - \_\_\_\_\_

Work Phone (Optional) : \_\_\_\_\_

E- Mail : \_\_\_\_\_

Fax : \_\_\_\_\_

Board Position Applying for (Please Check One)

President     First Vice President     Second Vice President

Secretary     Treasurer     Fund Raising Coordinator

Equipment Manager     Director of Communications     Registrar

League Representative     By-Laws and Conduct Director

Have you been a member of a youth athletic board? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes please list)

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a WTYF Board Member? \_\_\_\_\_

\_\_\_\_\_

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List any qualifications that would help you in a board position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Warren Township Youth Football Inc. 2007 Criminal Background Check

## Waiver and Release of all Claims

Please read this form carefully and be aware that by agreeing to allow Warren Township Youth Football Inc. to investigate your background through the Illinois State Police, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my application to volunteer my services to Warren Township Youth Football. I agree to waive and relinquish all claims I may have against Warren Township Youth Football its officers, agents, and employees as a result of participating in the criminal background check. I hereby fully release and discharge Warren Township Youth Football its respective officers, agents and employees from any and all claims from damages, which I have or which may accrue to me on account of the results of any aspect of the criminal background check.

I further agree to indemnify and hold harmless and defend Warren Township Youth Football, its respective officers, agents, servants and employees from any and all claims resulting from damages suffered by me or arising out of, connected with, or any way associated with any of the activities of the criminal background check and review.

I also understand that failure to submit to a background check shall disqualify me from consideration as a volunteer. I have read and fully understand this Waiver and Release of All Claims.

( Please Print )

Applicant Name : \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name : \_\_\_\_\_

Current Street Address : \_\_\_\_\_

City / State / Zip : \_\_\_\_\_

Previous Street Address : \_\_\_\_\_

Drivers License # or State I.D. : \_\_\_\_\_ State : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Social Security Number : \_\_\_\_\_

Race : \_\_\_ (A) Asian/Pacific Islander \_\_\_ (B) Black \_\_\_ (W) White \_\_\_ (U) Unknown

\_\_\_ (I) American Indian/Alaskan Native

Sex : \_\_\_ (M) Male \_\_\_ (F) Female

The above information is need to increase the accuracy of data obtained and to reduce the possibility of being confused with another individual with the same name.

Volunteers Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Parent / Guardian : \_\_\_\_\_ Relationship : \_\_\_\_\_ Date : \_\_\_\_\_

**\*Required if applicant or employee is under 18 years of age:**