

SACHEM YOUTH ADVISORY GROUP, INC.
VOLUNTEER APPLICATION

Sport: _____

Date: _____

Applicant name: _____

Date of birth: _____

Soc. Sec. # _____

Sex:

 M F

Address: _____

Phone: _____

Cellphone: _____

Position interested in: _____

e-mail address: _____

I wish to volunteer to assist the Sachem Youth Advisory Group, Inc. by applying for membership as an adult sponsor. I understand that my application must be approved by the SYAG Executive Board and if accepted, such membership is a privilege which may be terminated at any time. I agree at all times to uphold the policies and principles of the Sachem Youth Advisory Group, Inc.

Any previous volunteer experience in any other leagues? _____
Please explain (where, when, duties, etc.) _____

Have you ever been convicted of any sexual offense? _____

 Y N

Have you ever been convicted of a misdemeanor or felony? _____

If you answered yes to any of the above, please explain: _____

I understand that a backgrounds check may be conducted . I further understand that for the safety and well being of the children participating in SYAG programs I may be required to be fingerprinted. A DMV abstract may be obtained. A person shall be disqualified from serving as a volunteer or staff/board member if the person:

1. Fails to consent to a personal background check; or
2. Has been convicted of a crime of child abuse, sexual assault, child neglect, murder, voluntary manslaughter, felony assault, indecent exposure, public lewdness, terrorist threat, any offense against a minor, kidnapping, or felony violations of the Controlled Substance Act (including crimes whereby a plea of "No Contest" was entered); or
3. Has been twice convicted of a misdemeanor assault.

I have read the foregoing statement and all information provided is true. I authorize the Sachem Youth Advisory Group, Inc. to investigate and verify any information on this application.

Signed: _____ Name Printed: _____

FOR OFFICE USE ONLY: Indicate action: _____
