



JFA ADULT APPLICATION

**The information contained in this form is for the internal use of JFA only.
This application is valid for one JFA season.**

New Volunteer ____ **Former Volunteer** ____ **Year** _____

First Name Middle Initial Last Name

Address City Zip Code

Home Phone Work Phone Other Phone

Date of Birth Sex Driver's License No. State Expiration

Employer Occupation

Business Address City State Zip Code

E-mail Address

JFA POSITION

Manager ____ Coach ____ League Officer ____ Trustee ____ Volunteer ____

JFA POSITION

JFA experience. (Please list all experience with the JFA by position and year)

Experience working with youths in other organizations.

Previous Residences (For the last 5 years)

Current Memberships (Religious, community, business, labor or professional organizations)



References

Please list those who are familiar with your character as it relates to working with youth. References will be checked as necessary.

Name Telephone Number

Name Telephone Number

ADDITIONAL INFORMATION

ALL "yes" answers need to be explained on a separate sheet of paper.

- A.) Do you use illegal drugs? Yes No
- B.) Have you ever been convicted of a criminal offense? Yes No
- C.) Have you ever been charged with child neglect or abuse? Yes No
- D.) Has your driver's licenses ever been suspended or revoked? Yes No
- E.) Other than the above, is there any fact of circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes No

DISCLAIMER. Please read carefully before signing.

I, the undersigned, understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information on me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides any information. I also agree to hold harmless the JFA, and the officer's employees, volunteers and their assigns thereof.

By signing this application, I have read the attached information and apply for registration with the JFA. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the JFA. I affirm that the information on this form is true and correct.

Signature of Applicant Date Signed

_____ **Check here if you would like to receive a copy of the completed form.**

JFA	<u>Received</u>	<u>Status-Action</u>
USE	Date:	Date: Check: Ohio AG Website
ONLY	By:	By: Check: Stark County Sheriff Website