



FORT CALHOUN YOUTH SPORTS ORGANIZATION BOARD/DIRECTOR APPLICATION

WE APPRECIATE YOUR WILLINGNESS TO VOLUNTEER

VOLUNTEER NAME _____ PHONE NUMBER _____

EMAIL _____

VOLUNTEER DATE OF BIRTH _____ SSN _____

PLEASE NOTE ALL VOLUNTEERS ARE SUBJECT TO A ROUTINE BACKGROUND CHECK

CHILD / CHILDREN NAME (S) _____

AGE (S) _____ GRADE (S) _____

Selection of Board Members and Directors is subject to the FCYSO Constitution. Submission of an application does not guarantee selection.

BOARD / DIRECTOR POSITION YOU ARE APPLYING FOR: _____

HAVE YOU COACHED OR BEEN A DIRECTOR PREVIOUSLY FOR FCYSO (Y/N): _____

IF YES, WHAT ROLE, WHEN, AND DURATION: _____

HAVE YOU VOLUNTEERED WITH ANOTHER YOUTH SPORTS FROM ANOTHER ORGANIZATION (Y/N): _____

IF YES, PLEASE DESCRIBE: _____

PLEASE TELL US WHY YOU ARE INTERESTED IN VOLUNTEERING AS A BOARD MEMBER OR DIRECTOR (attached additional sheets if necessary):

By signing this document, you are specifying that all information is accurate, true, and you are willing to submit to a background check.

SIGNATURE _____ DATE _____

Please complete form and return by mail or email to addresses below.