

Volunteer Background Information

Webb City Youth Football

Webb City Youth Cheer

Name

First: _____ Middle: _____ Last: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth: _____ Driver's License # _____

Social Security # _____

As a condition of volunteering with youth football/cheer, I give permission for the organization to conduct a background check on me. This may include a review of sex offender registries, child abuse & criminal history records. I understand my voluntary position is conditional upon the league receiving no inappropriate information during my check. I hereby release and agree to hold harmless from liability the WCYF/WCYC organization.

Applicant Signature _____