



Team/Organization Name: _____

<i>My Volunteer Position is:</i>	NEW <input type="checkbox"/>	RETURNEE <input type="checkbox"/>	TRANSFER <input type="checkbox"/>	TRANSFER FROM _____
<i>My Volunteer Entity is:</i>	Cheer <input type="checkbox"/>	Football <input type="checkbox"/>	Board-Other <input type="checkbox"/>	
<i>Squad:</i>	Mighty Mite/Flag <input type="checkbox"/>	Pee Wee <input type="checkbox"/>	Midget <input type="checkbox"/>	Super Midget <input type="checkbox"/> Varsity <input type="checkbox"/> Other <input type="checkbox"/>
A. D. / Asst. AD <input type="checkbox"/>	Head Coach <input type="checkbox"/>	Asst. Coach <input type="checkbox"/>	Jr. Coach <input type="checkbox"/>	Board Mbr. <input type="checkbox"/> Team Parent <input type="checkbox"/> Other <input type="checkbox"/>

Please Print Legibly in this Section

VOLUNTEER INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____ CONTACT # _____

E-MAIL ADDRESS _____ Primary insurance coverage Yes No

VOLUNTEER CERTIFICATION and CONCUSSION REQUIREMENTS

All volunteers, coaches, board members, team parents, etc. must complete a Hillsborough County or NAYS certification course ANNUALLY (exempt - Jr. Coaches) for class schedules (FREE OF CHARGE) (www.tbyfl.com or www.hillsboroughcounty.org) for online class (www.NAYS.org) \$25

Attach copy of Hillsborough County card or NAYS receipt to this application

CPR certification (not required)

YES NO

All volunteers, coaches, board members, team parents, etc. must complete an online Concussion course ANNUALLY

(www.nfhslearn.com) Concussion in Sports - What You Need To Know

Attach copy of Concussion Certificate to this application

BACKGROUND CLEARANCE

Background Clearance - All volunteers must pass background clearance ANNUALLY - (exempt Law Enforcement and Jr. Coaches)

(www.opportunities.averity.com/tbyfl) Protect Youth Sports \$20

IMAGE RELEASE

In consideration of the volunteer indicated above, being allowed to participate in any way in the TBYFL Football/Cheerleading Program, related to events and activities. The undersigned agrees that such participants likeness may be photographed or videotaped and such image may be published in an outlet used to promote or publicize the sports program.

I HAVE READ AND AGREE TO ABIDE BY THE TERMS OUTLINED ABOVE AND ON THE REVERSE SIDE OF THIS FORM

Signature Witnessed By

Date

Volunteer Signature

Volunteer - Print name

Date

