Bonny Eagle Football Volunteer Registration Form

Please attach a copy of your current driver's license or a Maine State Identification.

Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Names Used :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (mo/day/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position interested in volunteering for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The BEFB Board requires that everyone volunteering in any of the Football coaching or board positions reads and signs this Volunteer Registration Form. A volunteer further enhances the opportunities and experiences of the children within the BEFB program. The volunteer program is an integral part of the BEFB community, requiring dependability and cooperation on the part of the volunteers. Final approval to be a volunteer for BEFB will require an online criminal background check and/or Criminal History Record Check (CHRC). In accordance with district policy and in order to ensure the safety of students, we need to have the following questions answered:

1. Have you ever been charged with or investigated for sexual abuse or sexual harassment? Yes \_\_ No \_\_

2. Have you ever been convicted of a crime, other than a minor traffic offense, or entered pleas of guilty or "no contest" (nolo contendere), or has any court ever deferred proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? \_\_ Yes \_\_ No

If you answered "yes" to either of the previous questions, please explain in detail on a separate sheet of paper. Note: Criminal charges, investigations, arrests or conviction of a crime or misdemeanor are not necessarily bars to volunteer service. All information will be treated confidentially. I understand that I have an obligation to maintain the highest level of ethical conduct and am aware of the need for confidentiality in regard to any child related information and recognize that activities will be directed at all times by the BEFB board and/or MSAD 6 staff in accordance with all the established policies and objectives. I agree to fulfill my obligations as a BEFB volunteer and to adhere to the district's policies. My signature below gives authorization to check my references, employment history, and criminal history. It also authorizes the release of information by any state, local or federal agency.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_