



**A COPY OF VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

**Coach & Volunteer Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Social Security # (optional; mandatory upon request) \_\_\_\_\_

Special professional training, skills, hobbies  
\_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.)  
\_\_\_\_\_

Previous volunteer experience  
\_\_\_\_\_

Do you have children in the program:    Yes            No            If yes, list full name  
\_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.) \_\_\_\_\_

Do you have a valid driver's license:    Yes            No

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes            No

If yes, describe each in full  
\_\_\_\_\_

As a condition of volunteering and /or coaching, I give permission for the Youth Golf Association Junior Golf League to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability the Youth Golf Association Junior Golf League, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Youth Golf Association Junior Golf League is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of the Youth Golf Association Junior Golf League policies or principles.

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed forms to:**  
**Rob Warholic**  
**26 River Street**  
**Binghamton, NY 13901**

**Inquiries to:**  
**rwarholic@gmail.com**