



## CCYFL Volunteer Application for Practices Only

**This form is for practice purposes only. You will not be allowed on the sidelines during game time. Unless you are on a Certified Roster. If that is so this is the incorrect form for you.**

Our Organization (CCYFL) encourages the participation of volunteers who support our mission. If you agree with our mission, we encourage you to complete this application. In order to Volunteer with CCYFL, you will need to have a Live Scan performed **at your expense** (even if you have had one performed in the past, for any reason). Please visit the CCYFL Web Site ([www.eteamz.com/ccyflslo](http://www.eteamz.com/ccyflslo)) and scroll down on the front page to the blue link for Live Scan Scheduling & payment, make sure you print your receipt. Once you click on the link, you will need to enter all of your Volunteer Registration information. You will also need to bring your **Driver's License** (preferred), or **Passport** or other form of **Government ID** with a **Picture** on in. **VERY IMPORTANT, DO NOT FORGET** to bring your receipt with you to any of the live scan locations listed below.

August 2 : Templeton HS **9am - Noon**

August 7 : Lompoc, Ryon Park **4pm - 7pm**

August 9 : Morro Bay, Revamp Training, 1130 Napa Ave #11, Morro Bay, **10am - 1pm**

August 12: Guadalupe, Guadalupe City Hall, 918 Obispo Street, **6pm - 8:30pm**

August 13: Paso Robles, Flamson MS (at the Shed), **4:30pm - 7:30 pm**

August 14: SLO, Church of the Nazarene. 3396 Johnson Avenue, **6pm - 8pm**

August 16: Santa Maria, Westgate Community Center, 1300 Marsala Ave, **9am - Noon**

August 18: Atascadero Junior High School **4pm - 6pm**

August 20: Arroyo Grande, Soto Sports Complex, JC Room, **5pm - 8pm**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you currently hold a CPR or First Aid Card? Yes/No Expires \_\_\_\_\_

Have You Ever Been Convicted of a Felony? Yes/No (If "YES", in what year & what was the conviction for?)

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By signing this application below as a volunteer of the Organization (CCYFL), I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and release any liability of the Organization (CCYFL), its volunteers and affiliates (All Chapters in CCYFL) and I will also, not assume any responsibility on the Organization (CCYFL) for any accident, injury or health problem which may arise from any volunteer work I perform for the Organization (CCYFL). I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

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

Chapter President Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn this form into your Chapter President or Athletic Director.