



# SANDY SPRING ATHLETIC ASSOCIATION, INC.

## VOLUNTEER APPLICATION

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This form is to be completed and submitted to the Child Protection Compliance Coordinator at Sandy Spring Athletic Association. When finished please email to [vicepresident@sandyspringfalcons.org](mailto:vicepresident@sandyspringfalcons.org).

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### **YOUR CONTACT INFORMATION**

Name:

Present Street Address:

City:

State:

Zip code:

Day Phone:

Evening Phone:

Mobile Phone:

Permanent Street Address  
(if different from present address)

Permanent City:

Permanent State:

Permanent Zip code:

Last 4 digits of SSN:

Email address:

Are you 18 years of age or older:

Have you ever volunteered for SSAA, Inc before?

If yes, please give details:

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**POSITION DESIRED**

Select the position you wish to participate in from the drop-down below.

If other, please specify:

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**VOLUNTEER HISTORY**

Please list all present and former volunteer activities beginning with your present or most recent position first and covering the past three years. Include other names worked under if different than the name you used on this form.

Organization 1 Name:

Street Address:

City:

State:

Zip Code:

Phone:

Dates from/to:

Duties / Responsibilities:

Organization 2 Name:

Street Address:

City:

State:

Zip Code:

Phone:

Dates from/to:

Duties / Responsibilities:

Organization 3 Name:

Street Address:

City:

State:

Zip Code:

Phone:

Dates from/to:

Duties / Responsibilities:

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## **REFERENCES**

Please provide three personal/professional references. If you have resided in this area for less than 2 years, please provide at least one reference from your previous area of residence.

Reference 1 Name:

City:

State:

Contact Phone:

Relationship:

Years Known:

Reference 2 Name:

City:

State:

Contact Phone:

Relationship:

Years Known:

Reference 3 Name:

City:

State:

Contact Phone:

Relationship:

Years Known:

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**IMPORTANT - PLEASE READ THIS!**

You must complete questions I, II, III & IV only if the volunteer position(s) for which you are applying for will involve significant contact with children. Such positions include but are not limited to coaching (head or assistant), team parent, etc.

I. Has a civil or criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?

*If yes, please explain below. Please provide the date, the nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.*

II. Do you presently serve, or have you served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g., elderly, mentally or emotionally handicapped, etc.)?

*If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.*

III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you?

*If yes, please explain below. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.*

IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?

*If yes, please explain below. Please include your explanation the date and place of any conviction, and the crime for which you were convicted.*

## **IMPORTANT!!! Please read...**

The information provided on this form is true, correct, and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check y background and references and release the Sandy Spring Athletic Association, Inc. from any and all resultant liability.

I further understand that all persons who will have significant with children are required to undergo a state and federal criminal background check before working with children. Other volunteer positions that may require undergoing this clearance process may include, but are not limited to, accounting, concessions, and other game day or committee volunteer positions.

The typing of "/s/" in front of my name below constitutes my electronic signature.

Electronic Signature:

Date: