

SWA Board Application

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

Name	Date	e	
Address			
City	State	Zip	
Social Security # (mandatory o	r upon request)		
Cell Phone Business Phone _			
E-mail Address:			
Date of Birth			
Occupation			
Employer			
Address			
Special professional training	, skills:		
Community affiliations (Club	s, Service Organizations,	etc.):	
Previous volunteer experien	ce at SWA (including spo	ort and year):	
Do you have children in the			
what level?			
Have you ever served as a bo	oard member of SWA, or	HCKA?	
If so which capacity did you	serve?		
What was the reason for you	ır danartura from tha na	usition?	
whiat was the reason for you	ir departure from the po	Jaicioii!	
Davis have a valid dir.	i and a second		
Do you have a valid driver's		.	
Driver's License#:			
Have you ever been convicted			
If yes, describe each in full:_			



Are there any criminal charges pending against nfull:	you regarding any crime(s) involving or against a minor? Yes No If yes, describe each
Have you ever been refused participation in any	y other youth programs? Yes No
f yes, explain:	
Which of the following would position would yo	ou like to apply for? (Check one)
	SWA President
S	WA Vice President of Field Sports
SV	WA Vice President of Court Sports
	SWA Baseball President
	SWA Basketball President
	SWA Softball President
	SWA Volleyball President
	SWA Treasurer
	SWA Secretary
Name/Phone	
and as long as I continue to be active with the organionly searches which may result in a report being gene	on for the South Williamson Athletic organization to conduct background check(s) on me now zation, which may include a review of sex offender registries (some of which contain name erated that may or may not be me), child abuse and criminal history records. I understand
o hold harmless from liability the South Williamson whereof, or any other person or organization that makes not obligated to appoint me to a volunteer position	e league receiving no inappropriate information on my background. I hereby release and agree Athletics, Williamson County Parks and Recreation, the officers, employees and volunteers y provide such information. I also understand that, regardless of previous appointments, SWA n. If appointed, I understand that, prior to the expiration of my term, I am subject to rd of Directors for violation of South Williamson Athletics policies or principles.
Applicant Signature	Date
f Minor/Parent Signature	Date
Applicant Name (please print or type)	
NOTE: The South Williamson Athletics will not discriminate o	against any person on the basis of race, creed, color, national origin, marital status, gender, or disability.
	LOCAL LEAGUE USE ONLY:
Background check completed by league officer System)s) used for background check (minimum of o	on on ne must be checked):
Sex Offender Registry Criminal History Records *First	·
In compliance with the Fair Credit Reporting Act containing	a information regarding all the criminal records associated with the name, which may not necessarily be

the league volunteer.