



## Volunteer Form

Instructions: All applicants are required to complete this form to be eligible for participation with Broward County Bears Football. All information on this form must be completed in ink. The final determination of eligibility will be made once the completed form is received and/or the applicant is evaluated in accordance with the best interest of the Organization.

### GENERAL INFORMATION

Name (First, MI, Last): \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Days Available: M T W T H F Sat Sun  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Circle One: (CELL/HOME) Receives Texts: (Y or N)  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROFILE

High School Name: \_\_\_\_\_ State: \_\_\_\_\_  
 College Name: \_\_\_\_\_ State: \_\_\_\_\_  
 Other: \_\_\_\_\_ (Amateur, Semi-Pro, or Pro Team)  
 City: \_\_\_\_\_ State: \_\_\_\_\_

### Position *(Please Check Desired Position)*

#### ***Coaching Positions***

<input type="checkbox"/>	Quarterback	<input type="checkbox"/>	Defensive Line	<input type="checkbox"/>	Offensive Coordinator
<input type="checkbox"/>	Running Back	<input type="checkbox"/>	Linebacker	<input type="checkbox"/>	Defensive Coordinator
<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Other
<input type="checkbox"/>	Offensive Line	<input type="checkbox"/>	Special teams	<input type="checkbox"/>	

#### ***Administrative and Other Positions***

<input type="checkbox"/>	Announcer	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	Water Girls / Boys
<input type="checkbox"/>	Chain Crew	<input type="checkbox"/>	Equipment Manager	<input type="checkbox"/>	Concessions Staff
<input type="checkbox"/>	Ball Boy / Girl	<input type="checkbox"/>	Field Manager	<input type="checkbox"/>	Other
<input type="checkbox"/>	Statistician	<input type="checkbox"/>	Gate Administrator	<input type="checkbox"/>	

### CERTIFICATION

I certify that I have not knowingly withheld any facts in completing this form. It is further agreed that I am subject to the rules and regulations outlined by Broward County Bears, Inc. as far as my conduct at practices or games. I agree that any misrepresentation by me on this form will be sufficient cause for terminating my relationship with the organization. I authorize Broward County Bears, Inc. to conduct an investigation of the contents of this form and will not hold anyone liable who supplies information.

**Applicant's Name** (Print Clearly!!): \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_