

# L. A. City Wildcats Youth Academy Volunteer Application

*Please print clearly and fill out completely.*

Name *(first, last)*

\_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Phone Numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

DL# \_\_\_\_\_

First Aid/CPR Certification? ( ) Yes ( ) No Certification Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email address \_\_\_\_\_

( ) Male ( ) Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt size \_\_\_\_\_ Pants size \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

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

Why are you interested in volunteering with the L. A. City Wildcats Youth Academy?

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How did you hear about LACWYA?

( ) Friends/Family ( ) Website ( ) At an event ( ) Newsletter ( ) Banner ( ) Other

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I would like to be considered for the following positions:

( ) Team Manager ( ) Head Coach ( ) Assistant Coach ( ) Trainer ( ) Driver ( ) Academic Tutor  
( ) Concession Coordinator ( ) Fundraising Coordinator

If applying for a coaching position, do you have a current AAU Coaching card? ( ) Yes ( ) No

If yes, what is your AAU Membership number:

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What team(s)/division(s) are you interested in supporting?

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What is your availability?

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Have you volunteered with other organizations? ( ) Yes ( ) No If yes, please answer the following:

Organization Name:

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Describe Volunteer Service:

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Organization Name:

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Describe Volunteer Service:

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Please describe any work or personal experience you think might be relevant to our program:

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**Do you have any hobbies or special talents?**

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**Please list 3 references:**

<hr/>	<hr/>	<hr/>	
Name	Relationship	Time Known	Phone Number
<hr/>	<hr/>	<hr/>	
Name	Relationship	Time Known	Phone Number
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	

YOUTH ACADEMY

Name	Relationship	Time Known	Phone Number
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**Have you ever been charged with or convicted of the following: (please check yes or no)**

- a) Felony? ( ) Yes ( ) No
- b) Any crime involving a sexual offense, an assault, or the use of a weapon? ( ) Yes ( ) No
- c) Any crime involving the use, possession, or the furnishing of drugs? ( ) Yes ( ) No
- d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?  
( ) Yes ( ) No

**If you answered Yes to any of the above four items, please explain.**

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**L. A. City Wildcats Youth Academy has my permission to:**

*(Please check below)*

Run a background check on me. ( ) Yes ( ) No

Please provide your social security number: \_\_\_\_\_

Run a motor vehicle records check on me if I decide to transport participants. ( ) Yes ( ) No

Verify the 3 references I have provided. ( ) Yes ( ) No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer with the L. A. City Wildcats Youth Academy.

\_\_\_\_\_

Signature

Date



## Release for Publication

During the course of your participation with the L. A. City Wildcats Youth Academy (LACWYA), there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media, and others. We request permission for your participation. By initialing below, you may choose to grant or deny LACWYA permission to use photographs or videotape of yourself (alone or in groups) in newspaper articles, newsletters, website, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the LACWYA.

By granting permission below, you hereby release and hold harmless LACWYA from any claims, judgments, or demands that may arise from the use of the above referenced photographs and/or videotapes.

Please initial below:

\_\_\_\_\_ "YES, I give my permission to be photographed and/or videotaped for publication.

\_\_\_\_\_ "NO, I deny consent to be photographed and/or videotaped for publication.

### Medical History and Information

All of this information is kept confidential and will only be shared with medical professionals in the event of an emergency.

Do you have allergies to any food, medicines or any substance? ( ) YES ( ) NO If yes, please list.

Allergies:

\_\_\_\_\_

Reaction: \_\_\_\_\_

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Allergies:

\_\_\_\_\_

Reaction: \_\_\_\_\_

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Do you have any health conditions that may limit your participation? ( ) YES ( ) NO

If yes, please explain.

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### Physician Information

Please list your primary care physician only

Name \_\_\_\_\_ Phone Number

\_\_\_\_\_



Medical Insurance Name of Company:

\_\_\_\_\_

Phone #: \_\_\_\_\_ Name of Policy Holder:

\_\_\_\_\_

Member ID: \_\_\_\_\_ Group #:

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

\_\_\_\_\_

Name

Relationship

Phone Number

**Permission to Administer Treatment**

Please sign and date below.

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I hereby give permission to LACWYA staff to seek emergency medical treatment in the event of a medical emergency. I agree to the release of any records necessary for insurance purposes. I give permission to LACWYA to arrange necessary health-related transportation for me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date