

# Extreme Team Sports - NFL Youth Flag Football

**Official 2025 Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.**

**PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Special professional training, skills, hobbies: \_\_\_\_\_

Prior/Maiden Names or Aliases: \_\_\_\_\_

Address: \_\_\_\_\_ Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Previous/current volunteer experience (e.g. football/baseball/basketball and years): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Previous states resided in the past 5 years: \_\_\_\_\_ Do you have children in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm / dd / yyyy) If yes, at what level? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Occupation: \_\_\_\_\_ \*Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_ If yes, provide your current legal status (parole, etc.) \_\_\_\_\_

Address: \_\_\_\_\_ \*Have you ever been convicted of **any** crime involving or against a minor? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ \*Have you ever plead guilty to, been convicted of or involved with **any** other type of crime? If yes, explain: YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

\*Have you ever been refused participation in any other youth program(s)? If yes, explain: YES \_\_\_\_\_ NO \_\_\_\_\_

**COPY OF PHOTO ID MUST BE ATTACHED TO THIS FORM**

\*If any or all of the answers to these questions is found to be partially or wholly untrue, it may result in immediate dismissal as indicated in the signature portion of this application.

**In which of the following would you like to participate? ("X" one or more.)**

Head Coach: \_\_\_\_\_ Assist. Coach: \_\_\_\_\_ Team Mom: \_\_\_\_\_ Referee/Official: \_\_\_\_\_ Field Maint.: \_\_\_\_\_

Other: \_\_\_\_\_

**Privacy Policy: Your privacy is important to us. ETS does not sell or release contact information to any non-affiliated organization. However, Extreme Team Sports and its affiliates may contact you with essential program information as well as special offers and promotions. Please be advised that affiliates are not permitted to retain your information for non-Extreme Team Sports use unless you specifically grant them permission.**

# Extreme Team Sports - NFL Youth Flag Football

## Official 2025 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

**PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.**

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

| <u>Name:</u> | <u>Nature of Relationship:</u> | <u>Phone #:</u> |
|--------------|--------------------------------|-----------------|
| _____        | _____                          | _____           |
| _____        | _____                          | _____           |
| _____        | _____                          | _____           |

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Extreme Team Sports may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Extreme Team Sports to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Extreme Team Sports's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league/association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Extreme Team Sports, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, Extreme Team Sports is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Extreme Team Sports policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Extreme Team Sports and its affiliates permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

**Dispute Resolution Policy:**

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, Extreme Team Sports and any and all affiliated parties will be subject to binding arbitration in the locale of the Extreme Team Sports in Mont Belvieu, Tx. (Chambers County) in accordance with Texas law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Extreme Team Sports and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Extreme Team Sports and lose, that I will reimburse Extreme Team Sports for all legal fees and expense it reasonably incurs. If any portion of this application shall be deemed unenforceable or invalid, the remainder shall retain full force and effect.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Applicant Name (Print or Type):** \_\_\_\_\_

**COPY OF PHOTO ID MUST BE ATTACHED TO VOLUNTEER FORM**

NOTE: Extreme Team Sportswill not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**For Local Use Only.** Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by ETS Director: \_\_\_\_\_  
or \_\_\_\_\_

Background check completed by League officer: \_\_\_\_\_  
or \_\_\_\_\_

completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**System(s) used for background check (minimum of one must have "X"):**

Online multistate database: \_\_\_\_\_ State/Federal Criminal History Records: \_\_\_\_\_ FEDERAL Sex Offender Registry \_\_\_\_\_ Other (please explain): \_\_\_\_\_  
(Lexis Nexis' Volunteer Select Plus, etc.)

**\*\* NOTE:** A State Sex Offender Registry check alone is NOT sufficient. It MIUST be supplemented by one or more of the above.

**LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.**