



<b>PERSONAL INFORMATION:</b>		
First:	Last:	Birth Date: / /
Address:	City:	Zip:
Social Security #:	Drivers Licence #:	
Home Phone:	Work Phone:	Mobile Phone:
Email:	Secondary Email:	

<b>WORK HISTORY:</b>	
Please Check One: <input type="checkbox"/> Under 18 <input type="checkbox"/> Currently Employed <input type="checkbox"/> Retired <input type="checkbox"/> Returning FAAM Volunteer	
<b>EMPLOYER INFORMATION:</b> (Complete if Currently Employed)	<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</b>
Occupation:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain below)
Employer:	<small>(Continue on back if needed)</small>
Address:	
City: Zip:	

<b>VOLUNTEER INFORMATION:</b>		
<b>PREVIOUS VOLUNTEER HISTORY:</b>		
Organization Name:	Position:	Length of Time:
Responsibilities:		
Organization Name:	Position:	Length of Time:
Responsibilities:		
Availability: M T W TH F Weekends   Mornings Evenings Flexible		Interest: Ongoing Short Term Single Event
Position Interest: Coach	Assistant Coach	Administration General Support

<b>CHILDREN ENTERING OR PARTICIPATING IN FAAM:</b>				
Name	Relationship	School	Grade	Team



**REFERENCES:** Please list the names, addresses and telephone numbers or email addresses of three individuals who do not have a family relationship with you who have known you for five years or more.

Name	Address	Phone	Email

**EMERGENCY CONTACTS:**

<b>Name:</b>	<b>Relationship:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Relationship:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>	

**VOLUNTEER WAIVER**

By signing this volunteer information form, I confirm and certify to the Fellowship of African American Men (FAAM) and understand and agree that:

- The information contained in this application is accurate to the best of my knowledge.
- I will adhere to the league policies and procedures. If I do not fulfill the responsibilities of my job or volunteer assignment to FAAM's satisfaction, I understand I may be reassigned or terminated.
- I give permission for FAAM to use photos, videotapes, films and audiotapes of my image and/or voice for purposes in support of the FAAM League.
- I authorize FAAM and its designated agents and representatives to conduct a comprehensive review of my background, including, in FAAM's discretion, causing a criminal background check and/or consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.
- I understand that the scope of the background review may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.
- I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to FAAM or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.
- FAAM and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**I HAVE FULLY READ AND UNDERSTAND THE FOREGOING**

**Signature:** \_\_\_\_\_  
(If under 18, parent or guardian signature required)

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