



Lynnwood Tigers Lacrosse Program

VOLUNTEER APPLICATION

Name: _____ Phone: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Al Phone: _____

What Position Are You Applying For: Executive Board _____ Local Board _____ Coach _____

Asst. Coach _____ Team Manager _____ Other _____

IF APPLYING FOR A BOARD POSITION WHAT POSITION(S) DO YOU WISH TO BE

CONSIDERED FOR: _____

What Age Group Are You Wanting to Work With:

3rd/4th _____ 5th/6th _____ 7th/8th _____ High School _____

Are You Applying to be a: Head Coach _____ Assistant Coach _____ Volunteer _____

If Applying for a Head Coaching Position and not Selected Would you be:

An Assistant Coach: YES _____ NO _____

HAVE YOU EVER COACHED BEFORE OR BEEN IN A POSITION OF LEADERSHIP FOR ANY YOUTH ORGANIZATIONS? IF YES BRIEFLY DESCRIBE YOUR EXPERIENCE INCLUDING NUMBER OF YEARS, LEVEL COACHED, AND YOUR POSITION.

HAVE YOU EVER BEEN ARRESTED OR CHARGED OF A CRIME INVOLVING ASSAULT, DOMESTIC VIOLENCE, THEFT, CHILD MOLESTATION OR EXPLOITATION, FORGERY, DUI, OR DRUG RELATED CHARGES? IF YES PLEASE EXPLAIN.

HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED, OR REMOVED OR HAVE YOU RESIGNED FROM ANY COACHING POSTION? IF YES, PLEASE DESCRIBE.

I CERTIFY THAT THE ABOVE IS COMPLETELY TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT ANY MISLEADING OR UNTRUE INFORMATION PROVIDED ABOVE AND OR NOT INCLUDED AS REQUESTED, MAY AT THE DISCRETION OF THE BOARD OF WASHINGTON YOUTH SPORTS ASSOCIATION (WYSA), CONSTITUTE GROUNDS TO DENY AN APPLICANT THE OPPORTUNITY TO PARTICIPATE IN WYSA ACTIVITIES. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE GIVEN WYSA CONSENT TO CONDUCT A WASHINGTON STATE PATROL BACKGROUND CHECK AND WILL SUBMIT TO FINGERPRINTING AS REQUESTED.

Signature: _____ Date: _____

Please Print Your Name: _____ SSN: _____

Lynnwood Tigers Use Only

Background Check Completed _____ Date _____

Fingerprinting Completed _____ Date _____

Approved to coach by Lynnwood Tigers Authorized Representative: YES _____ NO _____

IF NO PLEASE STATE REASON.

AUTHORIZED BY PLEASE INITIAL:

Mail Forms to:

Lynnwood Tigers Lacrosse
PMB # 614, 4320 196th SW, #B, Lynnwood, WA 98036-6754

PH: 206-250-7812