



Madras Aquatic Center & Recreation District Referee & Officiate Application

The following information is required from all employees in order to work at the Madras Aquatic Center & Recreation District and will be subject to a background check. If you do not have a telephone, etc. please write "none."

Name: _____ Maiden Name or Alias _____
Other Names Used: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

E-Mail Address: _____ Cell Phone #: _____

Gender: M F Date of Birth: ____/____/____ Social Security #: _____

Adult Shirt Size (circle one)	Small	Medium	Large	X-Large	XXL	XXXL
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Referee & Officiate History

1. Have you ever been a Referee or Officiate before? Yes No

If "Yes," please explain experience.

Sports you are interested in Refereeing or Officiating:

- Basketball - Youth
- Basketball - Adult
- Softball - Adult
- Soccer - Youth
- Soccer - Adult
- Flag Football - Youth
- Volleyball - Youth
- Stroke and Turn - Swim Team
- Water Polo

CRIMINAL HISTORY AUTHORIZATION

1. Have you EVER been convicted of a sex-related crime? Yes No
If "Yes," What state was the conviction in? _____
If "Yes," did the crime involve force or minors? _____
2. Have you EVER been convicted of a crime involving violence or threat of violence? Yes No
If "Yes," What state was the conviction in? _____
3. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
If "Yes," What state was the conviction in? _____
4. Have you EVER been convicted of any other crime except a minor traffic violation or traffic crimes? Yes No
5. Have you EVER been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

I acknowledge that all information provided by me is true and correct to the best of my knowledge.

I understand that criminal history checks are required prior to volunteer approval. Therefore, I hereby grant the Madras Aquatic Center & Recreation District, permission to check civil or criminal records to verify any statements made on this form.

Please Print name: _____

Volunteer's signature: _____ Date: _____