



**Guam National Youth Football Federation
Volunteer
Registration Form**



CONSENT FOR CRIMINAL BACKGROUND CHECK

I, _____, give permission for the Guam National Youth Football Federation (GNVFF) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I hereby release the GNVFF, it's officers, directors, volunteers, affiliates, sponsors and agents thereof harmless of any liability that such information may provide. I understand that regardless of any previous clearance, the GNVFF is not obligated to continue any appointment based on current undesirable findings as a result of any background check. I understand I am subject to immediate release and expulsion from any volunteer appointment based on the undesirable results of a background check.

Undesirable results may include but are not limited to the following:

- Felony Convictions
- Crimes involving violence, abuse or neglect of another person
- Crimes against the community
- Crimes involving trafficking, distribution or manufacture of an illegal substance

The GNVFF will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Any undesirable results received from any background check shall be the subject to a hearing to include the GNVFF Board of Directors and the volunteer.

_____ Print _____ Sign _____ Date

**** DO NOT WRITE BELOW THIS LINE** FOR OFFICIAL GNVFF USE ONLY****

Date Results Received: _____ Status: Clear Findings

Findings: _____

Hearing Required: Yes No Hearing Date: _____

Comments of Volunteer: _____

Hearing Results: _____

Recorded by: _____
Name and Title Signature

Witness: _____
Name and Title Signature

Name and Title Signature



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Consent for Drug And Alcohol Testing

I, _____, agree that at any time during my participation as a volunteer with the GNYFF, I may be required to undergo a drug and/or alcohol test. I understand that while all test results will be kept confidential, the testing facility is authorized to release the results to the GNYFF Board of Directors of the current season. In the event of undesirable results I understand that I may be suspended or expelled from participation in any GNYFF event, including games and practices. I understand that refusal to consent or refusal to test may be grounds for immediate removal from participation.

_____ Print Sign Date

**** DO NOT WRITE BELOW THIS LINE** FOR OFFICIAL GNYFF USE ONLY****

Results Received: _____ Status: _____ Clear _____ Findings _____
Date _____

Findings: _____

Hearing Required: Yes _____ No _____ Hearing Date: _____

Comments of Volunteer: _____

Hearing Results: _____

Recorded by: _____
Name and Title _____ Signature and Date _____

Witness: _____
Name and Title _____ Signature and Date _____

Name and Title _____ Signature and Date _____