

# Kickoff Volunteer Application & Background Consent

Serving Youth Sports in the Commonwealth of Virginia

## I. APPLICANT INFORMATION

*Please print clearly.*

**Full Legal Name:** \_\_\_\_\_  
(Last, First, Middle)

**Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**Phone:** (\_\_\_\_) - **Email:** \_\_\_\_\_

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ (Required for Background Check pursuant to Va. Code § 19.2-392.02)

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ (if you have one)

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## II. CRIMINAL HISTORY & "BARRIER CRIMES" DISCLOSURE

*Virginia law prohibits individuals convicted of specific "barrier crimes" from working with children.*

1. Have you ever been convicted of a felony or a misdemeanor in Virginia or any other state?  Yes  No
2. Have you ever been the subject of a founded complaint of child abuse or neglect by a Child Protective Services (CPS) agency in Virginia or elsewhere?  Yes  No
3. Are you currently listed on the Virginia Sex Offender and Crimes Against Minors Registry or the National Sex Offender Public Website?  Yes  No

*If "Yes" to any, please explain on a separate sheet.*

**Sworn Statement or Affirmation:** By signing below, I affirm that I have not been convicted of any "barrier crime" as defined in **Code of Virginia § 19.2-392.02**, including but not limited to murder, abduction, kidnapping, sexual assault, or any offense involving the abuse or neglect of a child. I understand that providing false information is a Class 1 misdemeanor.

**Signature:** \_\_\_\_\_ **Date:** (mm/dd/yyyy) \_\_\_\_\_

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### III. MANDATED REPORTER ACKNOWLEDGEMENT

*Pursuant to Code of Virginia § 63.2-1606*

I understand that by volunteering in a position where I am responsible for the care and supervision of children, I may be considered a **Mandated Reporter**.

- I acknowledge my legal obligation to report any suspected child abuse or neglect immediately to the local Department of Social Services or the **Virginia Child Abuse and Neglect Hotline (1-800-552-7096)**.
- I understand that failure to report suspected abuse within 24 hours can result in a fine.

Initials: \_\_\_\_\_

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### IV. CONCUSSION & SAFETY TRAINING

*Virginia Board of Education Guidelines for School & Community Athletics*

I agree to complete the CDC "Heads Up" Concussion Training or equivalent training required by Kickoff prior to my first practice. I will remove any athlete from play immediately if they exhibit signs of a concussion and will not allow return to play without medical clearance.

Initials: \_\_\_\_\_

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### V. WAIVER OF LIABILITY & ASSUMPTION OF RISK

*Please read carefully before signing.*

In consideration of being allowed to volunteer with Kickoff, I acknowledge and agree to the following:

1. **Assumption of Risk:** I understand that youth sports activities involve inherent risks of injury, including but not limited to falls, collisions, and exposure to communicable diseases. I voluntarily assume all such risks.
2. **Release of Liability:** To the fullest extent permitted by Virginia law, I hereby release, discharge, and hold harmless Kickoff, its officers, directors, and agents from any and all claims, demands, or causes of action arising out of my participation as a volunteer, including those arising from the negligence of the Organization.
3. **Medical Consent:** In the event of an emergency, I authorize Kickoff to secure medical treatment for me if I am unable to do so myself.

**Signature:** \_\_\_\_\_ **Date:**(mm/dd/yyyy)\_\_\_\_\_

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## **VI. CODE OF CONDUCT**

I agree to uphold the Kickoff Code of Conduct:

- I will treat all players, officials, and spectators with respect.
- I will not consume alcohol, tobacco, or illegal drugs while supervising youth or at any event site.
- I will prioritize the emotional and physical well-being of the athletes above the desire to win.

**Signature:** \_\_\_\_\_ **Date:** (mm/dd/yyyy)\_\_\_\_\_