



## The First Tee Tri-Valley Volunteer Application/Background Check

[www.thefirstteetrivalley.org](http://www.thefirstteetrivalley.org)

Contact Roger Whincup, Director of Golf: (925) 462-7201 or [thefirstteetv@yahoo.com](mailto:thefirstteetv@yahoo.com)

Full Name:	_____	TITLE: (circle one) Ms. Miss Mr. Mrs.
Email Address:	_____	
Address:	_____	
	STREET	CITY STATE ZIP
Home Phone: (____)	_____	Work Phone: (____) _____
Cell Phone or Pager : (____)	_____	
	Can you be called at work? Yes or No	
Date of Birth:	____/____/____	
Employer or School Name:	_____	Occupation: _____
Emergency Contact Name:	_____	
Contact's Home Phone: (____)	_____	Contact's Work Phone/Cell: (____) _____

**(COMPLETE THIS SECTION IF UNDER AGE 18 YEARS OLD)**

Parent or Guardian Name:	_____		
Address:	_____		
	STREET	CITY	STATE ZIP
Home Phone: (____)	_____	Work Phone: (____) _____	
Employer Name:	_____	Occupation: _____	
SIGNATURE OF PARENT OR GUARDIAN:	_____		

Do you have experience working with individuals with youth? Yes or No

If yes, please specify: \_\_\_\_\_

How did you hear about us?  Family/Friend  Child Participates in Program  Web  
 From Staff  Company / Professional Affiliation  Other \_\_\_\_\_

\_\_\_\_LPGA/PGA teaching professional If yes, what level\_\_\_\_\_ Any other golf accreditations\_\_\_\_\_

NAME: \_\_\_\_\_

*Circle one*

- |    |  |     |    |    |
|----|--|-----|----|----|
| 1. | Do you use illegal drugs?  | Yes | or | No |
| 2. | Have you ever been convicted of a misdemeanor or felony offense?       | Yes | or | No |
| 3. | Have you ever been convicted of neglect, abuse or assault?             | Yes | or | No |
| 4. | Has your driver's license ever been suspended or revoked in any state? | Yes | or | No |

Please list any present/previous volunteer affiliations:

Agency/Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_

Please list two NON-FAMILY references:

1. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_\_ Work Phone Number: (\_\_\_\_)\_\_\_\_\_

2. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_\_ Work Phone Number: (\_\_\_\_)\_\_\_\_\_

***PLEASE READ THE FOLLOWING PROVISIONS BEFORE SIGNING THIS APPLICATION:***

#### DISCLOSURE & AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize any organization affiliated with The First Tee Tri-Valley to investigate my background as necessary for the consideration of my application.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports upon request. I hereby release them and any organization affiliated with The First Tee Tri-Valley from any and all liability and responsibility arising from their doing. I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

**I have read and understand this Disclosure & Authorization to Obtain Information document.**

Your Signature: \_\_\_\_\_  
(Your Signature Above Authorizes the Procurement of the Report)

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