## Nashua Cougars Board Application \*\*\*Please fill out completely\*\*\*

| Name:  |   |          |  |  |
|--|---|----------|--|--|
| DOB:   |   | Age:     | :  |  |
| Address:   |   |          |  |  |
| City:  |   | State:   | Zip:                                     |  |
| Email:   |   | Phone:   |  |  |
| -  |   |          |  |  |
| Do you have  | a child participating in NCF?   | YES / NO | If yes, please list child(ren).          |  |
| Have you ev  | er been convicted of a felony?  | YES / NO | If yes, please provide year & conviction |  |
| Have you ever been convicted of a crime that would prevent you from passing a background check?<br>If yes, please explain: |   |          | YES / NO                                 |  |
| Do you curre   | ently hold a CPR or First Aid Card?   | YES / NO | Expiration Date?                         |  |
|  | nsibilities include, but are not limited to<br>me days and organized Nashua cougars | - •      | -  |  |
| What positio   | n are you applying for:   |          |  |  |
|  |   |          |  |  |
| Have you ever<br>Position(s)?  | er held a previous board postion?   | Year(s)  |  |  |
| Please list any skills you may have that may be benefitial to our board.   |   |          |  |  |
|  |   |          |  |  |
| Personal References: Please list three (3) people, not related to you. Name/Address/Phone/Email                            |   |          |  |  |
|  |   |          |  |  |
|  |   |          |  |  |

I understand that:

The information I have provide may be verified, if necessary, by contacting persons or organizations named in

this application OR by contacting any person or organization that may have information concerning me. I hereby release, and agree to hold harmless from liability, any person or organization that provides information. I also agree to hold harmless the board members and officers of Nashua Cougars.

In signing this application, I affirm that the information provide is true and correct. I understand that providing false information may result in the removal of my Board / volunteer privileges.

This is an application only. All coaching positions are subject to the approval of the Nashua Cougars Board of Directors. Upon approval, I shall abide by all rules and regulations, as set forth, by Nashua Cougars. I understand that I may be required to attend coaches meetings, board meetings and training sessions. I further understand I must meet other requirements as set by the Nashua Cougars board or directors.

I have read and signed the Nashua Cougars Coaches Ethics Pledge. I agree to follow all rules and ethics, as set forth, by NCF.

I understand that I am responsible for my teams gear and that if it is not turned in by the required date, I may be fined and lose my coaching privileges.

I agree to participate in Nashua Cougars fundraising efforts, in support of our youth.

All volunteers within the NCF organization must submit to a background check. Addition These results are strictly confidential. Additionally, all volunteers will be checked against the State of NH Sex Offender Registry. Failure to submit to a background check by the deadline given will result in a loss of volunteer / coaching privileges.

By signing below I agree to all the above, to be photographed and to submit to a background check process.

| Signed:                           | Date:         |  |  |  |
|-----------------------------------|---------------|--|--|--|
| -For Nashua Cougars BOD Use Only: |               |  |  |  |
| Approved:                         | Not Approved: |  |  |  |
| Coaches Ethics:                   | Coaches Test: |  |  |  |
| For Nashua Cougars Use Only:      |               |  |  |  |
| Background Check Completed        |               |  |  |  |
| (date):                           |               |  |  |  |