



Oakmont Jr. Vikings Youth Football & Cheer Board of Directors Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Drivers License: _____ Issuing State: _____

Employer: _____ Supervisor: _____ Occupation: _____

- Position Applying For:
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Primary Position | <input type="checkbox"/> Assistant (or 1/2-1 year shadow) Position |
| <input type="checkbox"/> President (Executive Board) | <input type="checkbox"/> Volunteer Coordinator (Board) |
| <input type="checkbox"/> Secretary (Executive Board) | <input type="checkbox"/> Concessions Coordinator (Board) |
| <input type="checkbox"/> Treasurer (Executive Board) | <input type="checkbox"/> Fundraising Coordinator (Board) |
| <input type="checkbox"/> Football Vice President (Executive Board) | <input type="checkbox"/> Public Relations (Board) |
| <input type="checkbox"/> Football Coordinator (Executive Board) | <input type="checkbox"/> Communications Coordinator (Board) |
| <input type="checkbox"/> Cheer Vice President (Executive Board) | <input type="checkbox"/> Registrar (Board) |
| <input type="checkbox"/> Cheer Coordinator (Executive Board) | <input type="checkbox"/> Bookkeeper (Board) |
| | <input type="checkbox"/> Equipment Manager (Board) |
| | <input type="checkbox"/> Football Admin/EMT Coordinator (Board) |

Board Experience

School/Organization	Year	City/State	Position(s) Held

Personal Reference

Name	Address	Phone	Occupation

By signing this document, I declare the above information to be truthful and agree to have a background check and a Meagan's Law website search performed, and to be fingerprinted. I also agree to any other action deemed necessary by the Board of Directors of the organization for the safety, protection and well-being of the children. I also understand that I am not guaranteed a Board position within the organization and I must agree to be interviewed by the Executive Board of Directors. I will also attend any mandatory meetings or clinics for Board members and understand that my position on the Board may be revoked if I do not attend. I understand that incomplete applications may be eliminated from consideration.

Print Name _____

Signature _____

Date _____

Please sign this form and either:

- (1) mail it along with a copy of your driver's license to **Oakmont Jr. Vikings, PO Box 1375, Orangevale, CA 95662**, or
(2) scan this form and your driver's license and email both to **info@oakmontjrvikings.org**