



**Bayside Bears Youth Football & Cheerleading Assoc.**  
**P.O. Box 111478**  
**Palm Bay, FL 32911**  
**www.baysidebears.org**



## **BBYFCA Board Member Application**

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELLPHONE: (\_\_\_\_) \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

**(Must provide a copy of your DL)**

E-MAIL ADDRESS: \_\_\_\_\_

Which position? \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- 1) HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST TEN YEARS?
- 2) (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**3) I UNDERSTAND ALL OF THE FOLLOWING:**

- NO VERBAL OR PHYSICAL ABUSE WILL BE TOLERATED.
- THERE IS ZERO TOLERANCE FOR THE USE OR DISTRIBUTION OF DRUGS AND ALCOHOL WITH THE BCYFCA.
- ALL THE INFORMATION GIVEN ON THIS APPLICATION BY ME IS TRUE AND CORRECT AND TO THE BEST OF MY KNOWLEDGE.

You signature will serve as consent to a background check.

Signed.....Date.....

Printed Name..... Background Check\_\_\_\_\_