

Allentown Central Catholic MiniVikes

BOARD MEMBERSHIP FORM

First Name: _____

Last Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Email: _____

Cell #: _____ (will be part of text group/app)

Birthdate: _____

Participant: _____ (Football / Cheer)

Participant: _____ (Football / Cheer)

Participant: _____ (Football / Cheer)

Relation to Participant: _____

Emergency Contact Name: _____

Emergency Contact #: _____

If Board Member (Executive Officer or Member At-Large) has completed the following, provide a copy to Secretary.

>Complete Protecting God's Children program: _____ (proof attached)

>Complete Volunteer Code of Conduct form: _____ (attached)

>Complete Volunteer Background Check Authorization: _____ (attached)
