

## EVFOA NEW MEMBER INFORMATION FORM

Name		Address	
Home Phone	Cell Phone	City	Zip
Work Phone	Work E-mail		Spouse
SSN (Required)	Home E-mail	(Check Box of E-mail most used)	Date of Birth

YES                  NO

**Do you have football officiating experience?**

Where/# of Years/What position?

\_\_\_\_\_

**Do you have officiating experience in any other sport?**

What sport/# of Years?

\_\_\_\_\_

**Will you be available to attend Monday evening training?**

Normal training 7:00-9:00

\_\_\_\_\_

**Will you be available to work most Thursday JV games?**

Normal start time is 5:00-5:30 or 6:00

\_\_\_\_\_

**Will you be available to work most Saturday morning games?**

Normal start is 9:00 or 11:00 for 2 or 3 games

\_\_\_\_\_

**Will you be available to work most Saturday evening games?**

Normal start is 3:00 or 5:00 for 2 or 3 games

\_\_\_\_\_

**List any schools you should not officiate due to personal conflicts.**

**How did you hear about EVFOA?**

**I HAVE READ, I UNDERSTAND, AND IF SELECTED FOR MEMBERSHIP, I AGREE TO ABIDE BY THE INFORMATION SHOWN ON THE NEW MEMBER INSTRUCTION SHEET.**

Form    M    &    N

Date Paid

Cash    CK #

NEW MEMBER SIGNATURE

DATE

BOARD COMMENTS:

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