



## Referee Application

(Use black or blue ink & print neatly)

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

What is your availability? \_\_\_\_\_

Have you ever officiated/umpired before? \_\_\_\_ Yes \_\_\_\_ No

*If yes, for what?* \_\_\_\_\_

Do you have any certifications? \_\_\_\_ Yes \_\_\_\_ No

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

Please list organized sport activities that you have competed in:

Sport: \_\_\_\_\_ # Years: \_\_\_\_\_

Sport: \_\_\_\_\_ # Years: \_\_\_\_\_

By signing this form, I understand that I will be subject to a criminal background check associated with name and/or social security number. I understand that I will not be able to referee games with the Putnam County Parks and Recreation if said background check exposes any type of misconduct or felony.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Print \_\_\_\_\_

**(If applicant under 18 years of age)**



**Putnam County Parks & Recreation**  
Consent/Release Form

Name of Organization: Putnam County Parks & Recreation Department

Applicant's Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_