## **SPORTS OFFICIAL APPLICATION**

PLEASE P	RINT OR	TYPE ALL II	NFORMATIO	V	Date:			
Name:					Phone:			
Address:					MO			
	S	treet			City		Zip	
Email:								
Date you a	re availab	le to begin	work:					
Check the	activities	you are inte	erested in wo	rking:				
Adult Softball Official				☐ Youth Basketball Official				
□ Adult Softball Scorekeeper				☐ Adult Vo	ult Volleyball Official			
□ T-Ball Instructor				□ Other: _				
Check the	days of th	e week that	t you are avai	ilable to wo	ork:			
Daytime:	□ Mon	□ Tue	□Wed	□ Thu	□ Fri	□ Sat	□ Sun	
Evenings:	□ Mon	□ Tue	□Wed	□ Thu	□ Fri	☐ Sat	□ Sun	
List any sp certificatio		ial's associ	ation(s) you a	are <u>current</u>	<u>ly</u> registered	d with & yea	rs of	
						# of year	S	
						# of year	s	
						# of years		
4		•	<b>1Ce:</b> (include sp		officiated, dates	, organization, o	or club)	
4.								

List your SCOREKEEPING experience:	(include sport(s), dates, organization, or club)	
1.		
3.		
<b>List your SPORTS experience:</b> (sports and organization/club)	d related activities you have participated in; include of	dates,
1.		
<u>4.</u>		
In your opinion, what are the most impoleagues?	ortant aspects of officiating ADULT recre	eational
leagues?	ortant aspects of officiating YOUTH recre	
Please list any references that we may Name	contact in regards to this application: Relationship	Phone#
false statements on this application shall be considered absence of my signature is just cause for rejection of this	complete to the best of my knowledge. I understand that cause for dismissal. I further understand that incomplete is application. My signature authorizes the City of Sedalia revious employment (except as stated above), driving and the applied position.	information or and the
Signature	 Date	