

# Heber-Overgaard Schools

*“Home of the Mustangs”*

**P.O. Box 547 Heber, Arizona 85928**  
**Phone 928-535-4622 Fax 928-535-5146**

[www.heberovergaardschools.org](http://www.heberovergaardschools.org)

## Volunteer Athletics Agreement Form

Volunteer Name (print): \_\_\_\_\_

Level: \_\_\_\_\_ JH \_\_\_\_\_ HS    Group: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

Sport: \_\_\_\_\_ Football \_\_\_\_\_ Volleyball \_\_\_\_\_ Basketball \_\_\_\_\_ Wrestling  
\_\_\_\_\_ Track \_\_\_\_\_ Cheer \_\_\_\_\_ Baseball \_\_\_\_\_ Softball

I (print name) \_\_\_\_\_ understand that I am volunteering of my own free will. I have not been promised and do not expect to receive any payment, benefits or other compensation for my time and service. I understand that my participation as a volunteer may be terminated at any time without cause and that I may withdraw from participation at any time for any reason.

I understand as a volunteer I do not have the authority to purchase on behalf of the team and/or the district. I will not incur any cost in behalf of the Heber-Overgaard USD.

I also understand that I will need to obtain and submit a fingerprint clearance card, if I do not already possess one (cost for fingerprint clearance card will be paid for by the district).

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

Date: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Addt'l Head Coach Signature (if needed): \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

JH/HS Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

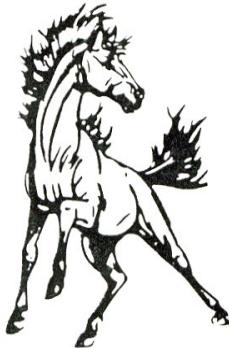
Authorized District Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fingerprint Card is waived since my son/daughter is participating in the above sport(s) \_\_\_\_\_

Fingerprint Clearance Card Expires: \_\_\_\_\_

District Initials: \_\_\_\_\_



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## Volunteer Athletics Agreement Form Cont'd

Volunteer Full Name (print): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**\*Candidates shall certify on the prescribed notarized form whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in AZ or similar offenses in any other jurisdiction.**

**Please check any that applies to the above statement:**

- 1. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- 2. Burglary in the first degree
- 3. Burglary in the second or third degree
- 4. Aggravated assault
- 5. Assault
- 6. Exploitation of minors involving drug offenses
- 7. Sexual abuse of a minor
- 8. Incest
- 9. First or second-degree murder
- 10. Kidnapping
- 11. Sexual Assault
- 12. Sexual exploitation of a minor
- 13. Felony offenses involving contributing to the delinquency of a minor
- 14. Commercial sexual exploitation of a minor
- 15. Felony offenses involving possession or use of marijuana, dangerous drugs or narcotics
- 16. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
- 17. Aggravated or armed robbery
- 18. Robbery
- 19. A dangerous crime against children as defined in A.R.S. 13-705
- 20. Child Abuse
- 21. Sexual conduct with a minor
- 22. Molestation of a child
- 23. Manslaughter

**A person who makes a false statement, representation, or certification in any application for volunteer work or employment with the Heber-Overgaard USD is guilty of a Class 3 Misdemeanor.**

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

Date: \_\_\_\_\_

### TO BE COMPLETED BY NOTARY PUBLIC:

The above named, who is known to me or has provided proper identification, signed his/her name on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_