

# SDFVOA

## Application Form For All Officials

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last Name Mid-Initial First )

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Physical Address (Must have for tax purposes)  
\_\_\_\_\_  
Cell / Pager: ( ) \_\_\_\_\_  
If P.O. Box List Number On This Line  
\_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
City State Zip E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Identification i.e. Drv. Lic.: \_\_\_\_\_  
State Number

Have you been promoted to other college conferences, if so which ones: \_\_\_\_\_

**Due to SDFVOA obligation to the CIF, HSSOC and Schools it provides / assigns officials games with school age (minors) students; we are obligated to ask all officials / members if they have ever been convicted of any Felony involving: Sexual Acts or Violence of any kind on any person(s) adult(s) or minor(s). Please answer:  NO or  Yes.**   
**You further agree should you while being a member of the SDFVOA (during or off-season) be convicted of any of the above acts, you will immediately notify the SDFVOA Secretary / Treasurer in writing before officiating any SDFVOA games.**

***Should you feel threatened in any way (physically or verbally) at any school or game site, you agree that you will immediately notify your assignor or SDFVOA President in writing.***

I understand and agree that San Diego County Volleyball Officials Association is a Non-Profit Corporation, whose sole and only purpose is the Education / Training and assigning of Volleyball Officials and other associated and ancillary duties that go along with the volleyball profession. I further understand and agree that as a SDFVOA Official I'm an INDEPENDANT CONTRACTOR and will be solely responsible for any and all State, Federal, Social Security, Disability Taxes, Medical and Liability Insurance and any other Local, State & Federal Fees & Taxes. I further agree that it is my sole responsibility to purchase at my sole expense any and all personal, medical and professional liability insurance covering myself to and from games and while officiating. I understand and agree that the SDFVOA sole purpose is training, education and certification as stated by in the SDFVOA By-Laws and the HSSOC which SDFVOA is governed by. I understand and acknowledge that I am not an employee or employed by the SDFVOA in anyway and there is no verbal or written agreement to the contrary. Anything to the contrary regarding my status as an Independent Contractor must be in writing signed me (member) and the SDFVOA President and Secretary / Treasurer.

Current 2009-2010 SDFVOA membership fees are: \$75.00 annually for "Varsity Members and \$75.00 for Probationary Officials. To maintain your membership without officiating or training / classes, dues are \$10 per yr. and will maintain your status as a non-officiating member of the SDFVOA. You further agree to abide by all the Rules and By Laws of SDFVOA, CIF and HSSOC (a copy of the SDFVOA By-Laws is available to all members, please ask). I fully understand and agree to all the above stipulations and that all information provide by me is current and correct. I also understand that a copy of the SDFVOA (Confidential) Roster containing name, physical and e-mail addresses, phone numbers and Social Security Numbers will be made available to all schools which the SDFVOA services as outlined by the CIF & HSSOC.

Note: Turn-Back Assignments, first turn back is free if turned back with 72 hrs. of it being available or given to you via our assigning software; all other(s) "Turn Backs" i.e. 2,3,4 and so on will be assessed \$10 per "Turn Back" and it is due an payable within 4 days of being notified by your assignor. Should you not pay, all other assignments can be taken away and re-assigned until the "Turn Back" fee is paid....

I fully understand the above stipulations and by signing this application agree that the information provided by me is correct.

**NO ONE CAN WORK ANY SDFVOA GAMES WITHOUT COMPLETEING AND SIGNING THIS APPLICATION!**

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

**Should you have any questions regarding the above stipulations / application, please contact:  
SDFVOA Secretary / Treasurer Paula Davila @ P.O. Box 2021 Alpine, CA 91903 or 619 -990-2285**