

CENTRAL VIRGINIA VOLLEYBALL OFFICIALS ASSOCIATION

A DIVISION OF OLD DOMINION OFFICIALS ASSOCIATION

HIGH SCHOOL VOLLEYBALL REFEREE APPLICATION FOR 2019

[Please Print Clearly]

APPLICATION FOR (circle one): NEW MEMBER RETURNING MEMBER or TRANSFER MEMBER

FULL LEGAL NAME: _____

NAME PREFERRED/NICKNAME FOR PHONE LIST: _____ SSN/EIN: _____ - _____ - _____ MI

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ x _____

CELL PHONE: (____) _____ - _____ OTHER PHONE: (____) _____ - _____

PRIMARY EMAIL ADDRESS: _____

SECONDARY EMAIL ADDRESS: _____

MAILING ADDRESS: _____ - _____
Street City Zip

WHAT IS YOUR MONDAY-THROUGH-FRIDAY DAYTIME (WORK) ZIP CODE? _____

NUMBER OF PREVIOUS YEARS REGISTERED IN VOLLEYBALL WITH THE V.H.S.L. _____

NUMBER OF PREVIOUS YEARS REFEREEING VOLLEYBALL (ANY LEVEL) _____

IF YOU ARE A TRANSFER, FROM WHERE ARE YOU TRANSFERRING? _____

IF TRANSFERRING, WHAT WAS YOUR COMMISSIONER'S NAME: _____

PLEASE ENTER VOLLEYBALL RECRUITER OR SPONSOR'S NAME: _____

LIST PREVIOUS VOLLEYBALL OFFICIATING EXPERIENCE AND RATING IF APPLICABLE & INCLUDE YEARS OF SERVICE FOR EACH. (USE BACK OF THIS SHEET IF MORE SPACE IS NEEDED)

SCHOOLS WHERE YOU HAVE A NATURAL CONFLICT OF INTEREST (RELATIVE WORKS OR ATTENDS)

INDEPENDENT CONTRACTOR AGREEMENT

I agree to serve as an independent contractor with respect to any assignment that I accept. Further, I agree to hold ODOA/CVVOA and its Commissioner and Board of Directors harmless and free from any and all liability for injury and damage sustained as a result from my assignments. I understand that all CVVOA, VHSL, and NFHS requirements for officiating high school volleyball must be met before I am eligible to work scrimmages and matches for CVVOA.

I understand that registration does not carry any obligation on the part of the Commissioner or the Board of Directors for a specific number of assignments. Any assignment that I receive is subject to cancellation by the Commissioner or the Board of Directors if he/she/they deem(s) such cancellation to be in the best interest of ODOA/CVVOA. I also certify that my Social Security Number/Employee Identification Number entered above is correct.

Signed: _____ Dated: _____

COMPLIANCE WITH CODE OF VIRGINIA §22.1-296.1(C)

I hereby certify that I have not been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child; and that I have not been convicted of a crime of moral turpitude (lying or stealing).

I hereby agree, to the fullest extent permitted by applicable law, to indemnify and hold harmless VHSL Events LLC, a Virginia limited liability company, Virginia High School League, Inc., a Virginia non-stock corporation, ODOA, CVVOA, and the members, managers, officers and directors of such entities (collectively, the "Indemnified Parties") from, against and for any losses, costs, expenses, claims, demands, suits, judgments and all other liabilities (including attorney's fees, expenses and court costs), to which the Indemnified Parties may be subject as a result of any false statement contained in this certification.

Signed: _____ Dated: _____

DO NOT WRITE BELOW THIS LINE

CLINIC FEE: \$100.00 (Includes CVVOA DUES (\$45), STARTER KIT (\$25), and CVVOA WHISTLE (\$5))

\$ _____ .00 PAID BY CHECK ___ CASH ___ MO ___ ON ___ / ___ / ___ BOOKS RECV ON ___ / ___ / ___