

**LINCOLN-WAY OFFICIALS ASSOCIATION
P.O. BOX 553
NEW LENOX, IL 60451-1664**

**PERSONAL INFORMATION
(PRINT LEGIBLY)**

Full Name: _____
please be sure to include Jr., Sr., I, II, etc. if applicable)

Street Address: _____

City, State, Zip: _____

E-Mail Address: _____

Home Phone #: _____ Cellular Phone #: _____

Pager #: _____ Fax #: _____

Work #: _____ Extension: _____

Other #: _____ Location: _____

Birth Date: _____ Social Security #: _____

School your attending now (if applicable): _____

Year in School: _____

Will you or any family members (brothers, sisters, children, parents, spouse) be participating (coach, player, board member, etc.) in any Leagues/Schools, etc. that we service? If so, please explain in detail.

please use the back side of the page if additional information is needed to answer.

**LINCOLN-WAY OFFICIALS ASSOCIATION
P.O. BOX 553
NEW LENOX, IL 60451-1664**

EXPERIENCE

Please describe your past and length of experience in officiating/umpiring in any sport

MISCELLANEOUS

How many games do you want to work a week?

1-2 3-5 5+

Are you willing to work tournaments?

YES NO

Would you be willing to mentor a younger and/or less experienced official?

(Officials with 5+ years of umpiring) YES NO

Are you currently an IHSA or ASA official? If "yes" please list your ID Number and Sports that you are certified in.

YES NO ID #: _____

Please list your other jobs, activities, recreational activities etc. Please attempt to make clear how much time you devote/are willing to devote to officiating. Also include any information you think would be beneficial for application to the Association.

A background check may be completed on all new members.

Have you ever been convicted of a felony? If "yes" please explain.

**LINCOLN-WAY OFFICIALS ASSOCIATION
P.O. BOX 553
NEW LENOX, IL 60451-1664**

please use the back side of the page if additional information is needed to answer.

AFFADAVIT

All the above information is true and accurate to the best of my knowledge, and I have not falsified any of the above information. Any false information will result in termination of services for the LWOA.

I authorize the LWOA to have a background check conducted.

I understand that my services as an official with the Lincoln-Way Officials Association are provided as an independent contractor and that no medical insurance, workers compensation, unemployment insurance, or other benefit is accorded to me.

I understand that I assume all liability for injury to myself and waive any claim for any injury, loss, or damage against any of the organizations (Leagues/School, etc.) that we service or the Lincoln-Way Officials Association which may be sustained by me during any contest.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Parent or Guardian Signature:

if applicant is under age 18 Parent or Guardian Printed Name:

Date: _____