

**CENTRAL VIRGINIA VOLLEYBALL OFFICIALS ASSOCIATION
A DIVISION OF OLD DOMINION OFFICIALS ASSOCIATION
HIGH SCHOOL VOLLEYBALL REFEREE APPLICATION**

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

FULL LEGAL NAME: _____

[Please Print Clearly] Last First Middle

1ST NAME PREFERRED ON PHONE LIST/ARBITER: _____ SSN: _____ - _____ - _____

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

CELL PHONE: (____) _____ - _____ PAGER NO: (____) _____ - _____

FAX NUMBER: (____) _____ - _____ OTHER PHONE: (____) _____ - _____

PRIMARY (ARBITER) 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?: _____

HAVE YOU REGISTERED WITH THE VHSL THIS FALL IN ANOTHER SPORT? _____

IF SO, SPORT? _____ COMMISSIONER'S NAME: _____ VHSL ID# 111 - _____ - _____

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)

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 attendance at the annual VHSL State Volleyball Clinic is mandatory. I agree to work scrimmages and take written examinations as required.

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 verify that the Social Security Number and VHSL ID Number (if applicable) entered above are my correct Federal taxpayer and Virginia High School League identification numbers.

Signed: _____ Dated: _____

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

I, the undersigned, under penalty of perjury, certify that I have never been convicted of a felony or any offense involving the sexual molest ation or physical or sexual abuse or rape of a child /minor.

Signed: _____ Dated: _____

DO NOT WRITE BELOW THIS LINE

CLINIC FEE: \$20.00 CVVOA DUES: \$25.00 VHSL FEE: \$40.00 SHIRT: \$25.00 TOTAL: \$110.00

VHSL SPORT VERIFIED: _____ DATE: _____ INIT: _____ RULEBOOKS REC'D: _____

TRANSFER LETTER RECEIVED FROM: _____ ON: _____ BY: _____