



NEW REFEREE INFORMATION FORM

Full Legal Name: _____

E-Mail Address: _____

Phone Number(s): _____

Street Address: _____

City: _____ Zip Code: _____

Social Security Number: _____
(Must provide in order to get paid)

Previous Referee Experience: _____

Are you a Student? Yes / No Student Type: High School / College

What School Do You Attend? _____

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the YMCA to check and determine the accuracy of the information given. I understand that false or incomplete information may cause my application to be rejected. I will comply with all rules and regulations as set forth in the personnel policy and/or by my supervisor.

Signature of Applicant: _____ Date: _____

The YMCA is an Equal Opportunity Employer and considers all applications without regard to color, religion, national origin, sexual orientation, age, marital status or disability.