

APPLICATION FOR MURFREESBORO MUSTANG LEAGUE

This application will be given every consideration, but its receipt does not imply that the applicant will be selected. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date _____ / _____ / _____

NAME : _____
Last
First
Middle Initial

Address: _____

Phone Number(s): _____ **HM:** _____ **CELL:** _____

Email Address: _____

Board of Directors	YES	_____	Homecoming	YES	_____
Cheer Coach	YES	_____	Football Coach	YES	_____
Fund Raising	YES	_____	Field Maintance	YES	_____

Please reference any past experience you may have in regards to your request:

Personel References

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

I hereby authorize the Murfreesboro Mustang Board of Directors to contact any individual it deems appropriate to investigate my qualifications and character and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

Signature _____ Date _____ / _____ / _____