



**YOUTH EXHIBITION POULTRY ASSOCIATION (Y.E.P.A.)**

110 Ambernic Way, Sweetwater, TN 37874  
(423) 371-4007 nanamamabrahma@att.net

**DIRECTOR/COORDINATOR APPLICATION**

PLEASE PRINT

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Physical Address if above is P O Box \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_

Are you a member of? (circle for yes)      APA      ABA

Do you show or have even shown poultry? (circle)    Yes    No      How Long? \_\_\_\_\_

Are you or have you ever been a 4-H leader or other poultry (club) group leader?    Yes    No

Name the groups: \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_



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### ***DIRECTOR/COORDINATOR APPLICANT REFERENCES***

References may not be family members.

*References must be someone that you have known at least 3 years.*

Please Print:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW LONG YOU HAVE KNOWN THIS PERSON? \_\_\_\_\_

Please Print:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW LONG YOU HAVE KNOWN THIS PERSON? \_\_\_\_\_

Please Print:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW LONG YOU HAVE KNOWN THIS PERSON? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**DISCLOSURE:**

**REGARDING PROCUREMENT OF BACKGROUND CHECK**

In connection with your desire to serve as a "Director/Coordinator we will procure a background check on you from the state in which you live or other applicable information sources. In the event that information from the report utilized in whole or in part in making an adverse decision, we may provide you with a copy of the report.

By your signature below, you hereby authorize us to obtain a background check about you in order to consider you as the Director/Coordinator of Y.E.P.A. Failure to comply with this will be grounds for denial of your application.

A criminal background check will be conducted. The below information is required in full.

**PLEASE PRINT**

Applicant's Name: \_\_\_\_\_  
(First, Mi, Last)

Maiden or Names Used: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Home) (Cell)

Date of Birth: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Voluntary Disclosure of Social Security Number – The Youth Exhibition Poultry Association is voluntarily requesting your Social Security Number (SSN) pursuant to s. 119.071 (5)(a)(2) F.S. in order to complete a background check. YEPA will not disclose an individual's SSN without the consent of the individual to anyone outside of YEPA except for the purposes mentioned in this disclosure or as otherwise mandated by law. Refusal to providing your SSN will result in denial of accept- ing your application for the position of director/coordinator of the Youth Exhibition Poultry Association.



## YOUTH EXHIBITION POULTRY ASSOCIATION (Y.E.P.A.)

### LEADER PROBATIONARY PERIOD

- I understand that upon applying to become an Y.E.P.A. leader that I will undergo a probationary period of six (6) months from the date of the written acceptance as a youth leader by the national director/ coordinator.
- This period is to be utilized as part of my education and introduction into being a youth Club Leader, able to understand and follow the Leader Guideline booklet, learning about and able to speak comfortably about all of the opportunities available to our youth members.
- I understand that I am responsible to communicate on a regular basis with the Y.E.P.A national director/coordinator.
- I understand that I cannot institute any new programs or contest in the name of the Y.E.P.A. without prior approval of the national director/ coordinator.
- I understand that in the case of there being more than one leader in my state, that I will be a responsible member and work freely with all youth leaders in my home state.
- I understand if there is a questionable complaint or questionable behavior filed in my name to the national director/ coordinator that this complaint will be put forth to me in writing and I will respond accordingly within 10 days to the national director/coordinator.

(Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_