



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

810 Sweetwater Rd., Philadelphia, TN 37846

YOUTH LEADER 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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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: _____

EMAIL: _____

HOW LONG YOU HAVE KNOWN THIS PERSON: _____ YEARS

Please Print:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

HOW LONG YOU HAVE KNOWN THIS PERSON: _____ YEARS

Please Print:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

HOW LONG YOU HAVE KNOWN THIS PERSON: _____ YEARS

Signature of Applicant: _____ **Date:** _____



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DISCLOSURE: POTENTIAL YOUTH LEADER

REGARDING PROCUREMENT OF BACKGROUND CHECK

In connection with your desire to serve as a "Youth Leader", 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 a Youth Leader Y.E.P.A. Failure to comply with this will be grounds for denial of becoming a Youth Leader.

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 APA-ABA Youth Poultry Club is voluntarily requesting your Social Security Number (SSN) pursuant to s. 119.071 (5)(a)(2) F.S. in order to complete the Youth Leader background check. The APA-ABA Youth Poultry Club will not disclose an individual's SSN without the consent of the individual to anyone outside the APA-ABA Youth Program except for the purposes mentioned in this disclosure or as otherwise mandated by law. Refusal to providing your SSN will result in denial of becoming a State Leader with the APA-ABA Youth Poultry Club.



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: _____