Official/Umpire Application



Contact Information Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address **Employment History** Company: Phone: Address: Supervisor: Job Title: Responsibilities: To: Reason for Leaving: From: Company: Phone: Supervisor: Address: Job Title: Responsibilities: To: Reason for Leaving: From: Phone: Company: Supervisor: Address: Job Title: Responsibilities: To: Reason for Leaving: From:

Previous Officiating/Umpiring Experience		
Summarize your previous officiating experience.		
Person to Notify in Case of	of Emergency	
NI NI		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Officiating/Umpiring Sect	ion	
Sport		
Age Group		
Boys or Girls		
Where have you officiated at		
before? Rec. Dept?		
Years of Experience		
T-shirt size		
Agreement and Signa	ture	
	on, I affirm that the facts set forth in it are true and complete. I understand official, any false statements, omissions, or other misrepresentations made	
by me on this application n	nay result in my immediate dismissal. I agree to allow the Wayne County	
	ment to perform a criminal background check on me as a part of this	
application process.		
N. C. L. D.		

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. If you are selected to become an official for any of our sports programs you may be required to become certified through a national certifying organization. Officials are required to wear the proper uniform set forth by the Wayne County Parks & Recreation Department.

Thank you for completing this application form and for your interest in officiating with us.