

**NHFOA APPRENTICE AVAILABILITY FORM (PRINT NEATLY)**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_ SS# \_\_\_\_\_ - - \_\_\_\_\_ (insurance purposes)

1. Write in yes or no next to EACH day that you are available:

MONDAY SUB VARSITY \_\_\_\_\_  
 WEDNESDAY SUB VARSITY \_\_\_\_\_  
 THURSDAY SUB VARSITY \_\_\_\_\_  
 FRIDAY SUB VARSITY \_\_\_\_\_  
 SATURDAY SUB VARSITY \_\_\_\_\_

2. High School Attended \_\_\_\_\_

3. Schools you should not be assigned to and why? \_\_\_\_\_  
 \_\_\_\_\_

4. List ALL specific DATES you are **not** available to officiate. \_\_\_\_\_  
 \_\_\_\_\_

5. List position (s) in preferred order: \_\_\_\_\_

| <u>DAY</u> | <u>AVAILABLE?</u><br><u>(YES / NO)</u><br>If YES be sure to complete columns 2 & 3 | <u>DEPARTURE</u><br><u>TIME (be specific)</u> | <u>DEPARTURE</u><br><u>CITY &amp; ZIP CODE</u> |
|------------|--|---|--|
| MON        | _____  | _____   | _____  |
| WED        | _____  | _____   | _____  |
| THU        | _____  | _____   | _____  |
| FRI        | _____  | _____   | _____  |
| SAT        | _____  | _____   | _____  |

I UNDERSTAND AND ACCEPT THE CONDITION THAT NEITHER, NHFOA OR NHFOA OFFICERS WILL ASSUME ANY RESPONSIBILITY FOR ACCIDENTS AND MEDICAL OR DENTAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THIS PROGRAM. I ACKNOWLEDGE THAT I AM NEITHER AN EMPLOYEE OR NOR A SUBCONTRACTOR OF THE NHFOA. I AM IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE VIGOROUS PHISICAL ACTIVITY OF OFFICIATING. I HAVE SECURED ADEQUATE ACCIDENT AND HEALTH INSURANCE FOR MYSELF.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM MUST ACCOMPANY YOUR APPLICATION**