

Austin Basketball Officials Association

Website: www.basketballofficials.com

Application for Officiating

(Please Type or Print Information)

1. GENERAL INSTRUCTIONS

- To be eligible for officiating, you must be at least sixteen (16) years of age.
- I understand that membership in Austin Basketball Officials Association (ABOA) does not guarantee me game assignments, nor provide medical insurance coverage, and in accepting game assignments I am acting as an independent contractor.
- I understand that game assignments may be revoked, cancelled, or reassigned at the discretion of ABOA leadership and/or participating school districts.

2. GENERAL INFORMATION

Check One:

- New Member How did you hear about us? _____
- Renewal Member (Returning official) Reinstatement Member (Returning official who was not registered for previous season.)

Full Name:		Social Security No.:	
Mailing Address:			
City:		State:	Zip Code:
Work Phone:	Home Phone:	Cell Phone:	
Email:			Birth Date:

3. CONVICTION INFORMATION

The conviction status portion must be completed. Your application may be denied for an affirmative answer. Full disclosure is mandatory. False or inaccurate information on your application will result in immediate revocation of the application or membership.

Membership of ABOA will not be issued to anyone convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving a minor or any sexual offense; or, convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving any illegal/illicit drug or controlled substance as prescribed by Federal or State law or regulation, prior to five (5) years following the completion of any sentence/parole/probation period imposed for the offense; or, currently serving a sentence or a parole/probation period for any offense or adjudication of guilt imposed by any court, judge or administrative body.

When a current officiating member is indicted or charged with any criminal offense or charged with a violation of any statute pertaining to minors, drugs or a controlled substance, such

- If suspension, revocation or denial results from a felony: The official/applicant may petition for a membership one year after the completion of the parole/probation period (provided the offense was NOT involving a minor or a sexual offense).
- If suspension, revocation or denial results from a misdemeanor or other non-felony charge: The official/applicant may petition for membership immediately upon the completion of the parole/probation period (provided the offense was NOT involving a minor or sexual offense).

CHECK THE APPROPRIATE RESPONSE:

- _____ I HAVE been convicted, or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving a minor or sexual offense, an offense involving an illegal/illicit drug or controlled substance; or I am currently serving a sentence or a parole/probation period for any offense or adjudication or guilt imposed by any court, judge or administrative body. (You must explain in full detail on an attached piece of paper. Include nature and date of conviction, dates and time served, probation/parole requirements, and dates of probation/parole.)
- _____ I HAVE NOT been convicted or adjudicated with a finding of fault, guilt or violation of an offense involving a minor or any sexual offense, an offense involving any illegal/illicit drugs, and I am not currently serving a sentence or probation/parole for any offense.

4. AGREEMENT / INITIALS & SIGNATURE (REQUIRED)

- _____ I have read the ABOA Constitution, Bylaws, Stated Policies, and the NFHS Code of Ethics. (Located on the chapter's website)
- _____ I agree to abide by the Stated Policies of the ABOA, NFHS Code of Ethics, and other ABOA directives to maintain said membership.
- _____ I attest that the information provided in this application form is true and accurate and ABOA may, at its discretion, verify all or a portion of the information contained in this application.
- _____ Failure to provide true and accurate information will result in removal of membership.

Signature _____ Date _____

Mail the completed application to:
Roger Jeffers
265 CR 283
Leander, TX 78641

Questions?
(512) 515-6579

For Office Use Only:

Cash Check Money Order
Amount: \$ _____