



# Wisconsin Interscholastic Horseman's Association Volunteer Registration

**Please Note: Volunteer Registrations must be completed annually.**

District: \_\_\_\_\_ Team: \_\_\_\_\_ Year: \_\_\_\_\_ County: \_\_\_\_\_

Check Appropriate:  District Chair  Coach  Assistant Coach  Adult Volunteer

**Authorization to Release Information (Please PRINT all information)**

Name (First/Last): \_\_\_\_\_

Other Names you have used: \_\_\_\_\_

Current Address: \_\_\_\_\_ WI \_\_\_\_\_  
Street City State Zip

If you have lived in Wisconsin less than 5 years, please list previous address below:

\_\_\_\_\_ WI \_\_\_\_\_  
Street City State Zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Has WIHA previously done background check on you?  Yes  No

Since your 18<sup>th</sup> birthday, have you been convicted of a felony or felony-reduced to misdemeanor by any court?  
 Yes  No If yes, please indicate date/location and explain charges: \_\_\_\_\_

**WIHA performs criminal background checks on all volunteers.**

*As a registered WIHA District Chair/Coach/Assistant Coach/Adult Volunteer, I agree to follow the Constitution, By-Laws, Rules and Regulations of the Association, as well as promote its purpose and goals, to the best of my ability.*

*I hereby certify all the statements on this form are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date