

# 2010 INSTRUCTOR ID/PASS APPLICATION INDEPENDENT UNIT

## ***THIS FORM IS FOR INDEPENDENT UNITS ONLY***

- Each Member Unit may register up to 5 full time instructors, including the Director, with the SFWGA. These instructors will receive ID/Pass badges for admission to SFWGA contests.
- An "instructor" is defined as one actively involved in teaching a performance aspect of the Color Guard or Percussion activity, for whom viewing and critiquing a live performance is a necessary component of their role.
- Do not list parents, boosters, or other non-instructional staff on this form.
- Each applicant must agree to, and achieve satisfactory results on, a background verification by an independent security organization. A non-refundable fee of \$17 is required for each applicant.
- An applicant may be exempt from the fee and background verification if they possess one of the following IDs for the 2009-2010 school year:
  - School Employee
  - School Non-Employee Contractor
  - School Volunteer Level 2 (as defined by the Florida Department of Education)
  - School Student (High School Level only)
- **Attach a photocopy of the Driver's License to this form.**

## **COMPLETE A SEPARATE FORM FOR EACH APPLICANT**

Name of Participating Unit: \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Check all that apply:

I am exempt of the background verification because I already have the school-issued ID indicated at right. A photocopy of the ID is attached to this form.

School Employee School Non-Employee Contractor School Volunteer Level 2 Student (High School Level)
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I am requesting the background verification, and authorize the South Florida Winter Guard Association Incorporated and their assignees to conduct the required research. I understand that the application for an Instructor ID/Pass may be denied pending the outcome of the investigation. I further agree to release and hold harmless the South Florida Winter Guard Association Inc, it's Officers, agents, and Membership from all events directly or indirectly arising from this request. A photocopy of my Driver's License, and a check for \$17 payable to "SFWGA" is attached to this form.

Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Applicant's Parent (if applicant is under 18): \_\_\_\_\_

By signing here, the Voting Representative certifies that all information provided is correct, and the applicant meets the definition and qualifications of an Instructor. ID/Pass badges are not transferable. Falsification or misuse of Instructor badges will result in permanent revocation of all Instructor pass privileges for this unit.	Signature of Voting Representative

**Mail this completed form to: Nancy Fine  
SFWGA Vice President  
14287 Campanelli Drive  
Delray Beach, FL 33484**