

**SANDHILLS OFFICIALS ASSOCIATION (SOA)**

APPLICATION: 2015

JC Frye/Barry Miller Booking Agents

495 West Baltimore Ave. Pinebluff, NC 28373

The Sandhills Officials Association (SOA) is the exclusive supplier of sports officials to Aberdeen, Pinehurst and Southern Pines Recreation Departments, we also provide officials to Sandhills Optimist and Moore County Recreation for certain sports. We provide officials for Basketball, Baseball, Football, Softball, Volleyball and Kickball. All applicants must have a valid email account in order to officiate for the SOA as we use Arbitersports.com to assign games to our officials.

**INSTRUCTIONS**

1. Complete this application in full (be sure to sign and date), return to SOA at 495 West Baltimore Ave. Pinebluff, NC 28373, along with the required booking and membership fees.
2. Select and check which sports you are signing up to officiate and enclose a check or money order made payable to Sandhills Officials Association, membership fees are required.

Check All That Apply

3.
 

A. Basketball Booking Fee	\$35.00	_____
B. Baseball Booking Fee	\$35.00	_____
C. Football Booking Fee	\$35.00	_____
D. Softball Booking Fee	\$35.00	_____
E. Kickball Booking Fee	\$25.00	_____
F. Booking Fee 2 sports (Which 2 _____)	\$55.00	_____
G. Booking Fee 3 or more (Which _____)	\$80.00	_____
H. Annual SOA Membership Fee (Required)	\$35.00	_____

(Annual Membership fees include insurance, arbitersports.com, and liability insurance)

I. If you want your Membership and Booking fee taken from 1<sup>st</sup> check indicate so here: \_\_\_\_\_

**A fee of \$25.00 will be charged for a returned check.**

**Booking Fees will be refunded if you are not assigned to a game(s) which equal the amount of your payment:**

**Which Sports are you paying for? \_\_\_\_\_**

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Officials Information:**

NAME: \_\_\_\_\_  
                     (First Name)                    (Middle Initial)                    (Last Name)

Street/P O Box \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Ext \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ Yes \_\_\_\_\_ NO

\*\*\*\*\* STOP HERE IF YOU ARE CURRENT SOA MEMBER \*\*\*\*\*

(This section required for an official that has never officiated for SOA)

1. PRINT EMAIL ADDRESS: \_\_\_\_\_ SS# \_\_\_\_\_
2. Use these lines to tell us your years of experience, at what levels and in which sports. Be very detailed as this information will be used to determine initial assignments until an evaluation of your abilities can be completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. References: List below

Last Booking Agent/Assigner for whom you officiated:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Association: \_\_\_\_\_ Time of service: \_\_\_\_\_ to \_\_\_\_\_

List local officials, coaches, school administrators or persons of interest for references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**AGREEMENT**

Applicant makes this application with the SOA and enters into this agreement, for good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, and agrees as follows:

Applicant enters into this Agreement as a private independent contractor, not an employee of SOA, and understands that SOA does not guarantee any specific assignments or set number assignments. Applicant understands that as an independent contractor no employment relationship exist between Applicant and SOA. Contractor shall be responsible for, and the SOA has no responsibility or obligation, with respect to local, state or federal withholding or income taxes, insurance coverage, health insurance

plans or other employee benefits offered by SOA to their employees, vacation time, or unemployment compensation.

Applicant agrees to indemnify and hold SOA harmless and not liable for any damages due to travel to and from games, for injuries to self and property during games, for any suit brought against the applicant by any person or entity, or from loss of income from any of the above. Further Applicant agrees to indemnify and hold SOAA harmless for any losses, damages or claims arising or incurred because of Contractor's failure to pay comply with any tax regulation regarding independent contractors.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_ 20\_\_

**DISCLOSURE AND CONSENT**

**YOU SHOULD READ THIS CAREFULLY**

I, the undersigned applicant, understand that I am an independent contractor and this application is good for one year after application is accepted and approved by the SOA Review Committee.

I FURTHER UNDERSTAND that the SOA will be conducting a background check through a consumer reporting agency, Hirease, which may include driving records, employment references, personal references, and criminal records which may be in the files of any Federal, State or Local criminal justice agency. The results of this background check will be used to determine my eligibility to become an independent contractor/official for the SOA. All results will be kept CONFIDENTIAL. The information obtained will only be shared the appropriate SOA staff and if required, by the local Recreation Department which I am assigned.

I hereby acknowledge that have carefully read and understand this disclosure and consent form and by signing below consent to and authorize the release of the consumer report, as defined above, to SOA and the local Recreation Department which I am assigned. I further understand that this consent will apply during the entire year after my application is accepted and that such consent will remain in effect until revoked in writing by me.

I hereby authorize any agency and or reference to furnish any and all background information requested by Hirease or the SOA. I agree that a facsimile or photographic copy of this Authorization shall be valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_ 20\_\_

**DO NOT WRITE BELOW HERE:**

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**SANDHILLS OFFICIALS ASSOCIATION USE ONLY**

FEES PAID: Booking Fee: Yes \_\_\_ No \_\_\_ Membership Fee: Yes \_\_\_ No \_\_\_  
Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/20\_\_

REVIEW COMMITTEE FINDINGS:

- 1. Provisional Membership: Yes \_\_\_ No \_\_\_
- 2. Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_
- 3. Approved with conditions to be met: Yes: \_\_\_ No \_\_\_ List Conditions

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Initialed by Chairperson or Designee: \_\_\_ Date: \_\_\_/\_\_\_/20\_\_

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