



2003 – 2004 Application For Membership & Questionnaire

PLEASE PRINT LEGIBALLY

Personal Information

Last Name: _____

First Name: _____

Middle Name: _____

(h) Phone: _____

(w) Phone: _____

(c) Phone: _____

Pager: _____

Fax: _____

Email Address: _____

Home Address: _____

City: _____

Zip: _____

Birth Date: _____

Social Security Number: _____

Present Occupation: _____

Height: _____

Weight: _____

High School Graduate? Yes No

College Graduate? Yes No

Have You Ever Been Arrested For A Felony?

Yes No

If yes, please provide documentation of the disposition of the case(s). A criminal background will not necessarily refuse membership. The SSFLOA does conduct state and national background checks on all applicants through the FDLE.

Officiating Experience

Number Of Years Officiating Experience:

Freshman / JV: _____

High School Varsity: _____

Minor League: _____

Collegiate: _____

Professional: _____

Have you ever had your membership in a local, state or national association suspended, revoked or terminated?

Yes No

Please list, in order, the position(s) that you have the most experience working:

1-R / 2-U / 3-L / 4-LJ / 5-BJ / FJ / SJ

Are there any priorities or conditions that may affect your acceptance of game assignments from the SSFL?

Yes No

If yes, please submit a letter with this application indicating your situation.

Did you participate in sports in college? Yes No
Did you compete in sports professionally? Yes No
Did you ever coach? football baseball basketball other
Do you have any immediate relatives that officiate? Yes No
If yes, which sports and at what level do they officiate:

Do you, or do you have any immediate relatives or close friends that own, play, coach or are in any way affiliated currently or formally with a franchise in the Southern State Football League?

Yes No If yes, please explain in detail: _____

Do you have any physical condition(s) that restrict you? Yes No

In the past five (5) years, have you had major surgery? Yes No

If yes, please explain: _____

Have you been treated by a licensed physician for any of the following:

Irregular Heart Beat yes No Asthma Yes No

Fainting or Dizziness yes No Breathing Disorder Yes No

High Blood Pressure yes No Do You Smoke Yes No

Back or Spine Pain yes No Glasses or Contacts Yes No

Officiating football in Florida can find temperatures reaching over 100'. Do you have any physical limitations or are you taking any medication that would restrict you from officiating?

Yes No If yes, please explain:

Applicants Signature

Date Signed

Send completed application to:
Southern States Football League Officials Association
Attn: John Walters, Supervisor of Officials
Post Office Box 48592
Tampa, Florida 33647

