



Recreation Official Inquiry

Please fill out if you are interested in refereeing, officiating, score keeping, and/or umpiring. When completed please send to: ifrecreation@idahofalls.gov or

520 Memorial Drive, Idaho Falls ID 83402

CONTACT INFORMATION

NAME (first, last): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT #: _____

EMAIL: _____

INTERESTED IN (check all that apply) Requests are subject to availability AND approval

- BASKETBALL (YOUTH REF)
 BASKETBALL (ADULT REF)
 GYM SUPERVISOR
 VOLLEYBALL OFFICIAL
 SOFTBALL UMPIRE
 FOOTBALL OFFICIAL
 SCORE KEEPING

AVAILABILITY (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY |
| START TIME: _____ | START TIME: _____ | START TIME: _____ | START TIME: _____ |
| END TIME: _____ | END TIME: _____ | END TIME: _____ | END TIME: _____ |
| <input type="checkbox"/> FRIDAY | <input type="checkbox"/> SATURDAY | | |
| START TIME: _____ | START TIME: _____ | | |
| END TIME: _____ | END TIME: _____ | | |

BACKGROUND INFORMATION

- 18+ Years Old Y N
 Experience Officiating Y N If Yes, how many years?

FOR INTERNAL USE ONLY

- | | | | |
|--------------------|--------|------------------------|--------------------|
| RECEIVED | | INITIALS: _____ | DATE: _____ |
| CONTACTED | | INITIALS: _____ | DATE: _____ |
| INTERVIEWED | | INITIALS: _____ | DATE: _____ |
| HIRED | Y N | INITIALS: _____ | DATE: _____ |