

I.A.A.B.O.

INTERNATIONAL ASSOCIATION OF APPROVED BASKETBALL OFFICIALS NORTHEAST DISTRICT BOARD #35

APPLICATION FOR MEMBERSHIP

I hereby acknowledge that I am 18 years of age and submit this application for membership to the International Association of Approved Basketball Officials and Northeast Connecticut District Board #35 of Approved Basketball Officials, Inc. The application fee of **\$150.00** is payable in full with this application & includes clinic fees (IAABO University, if applicable), test fees, 1st year dues, handbook, testing material, handouts and administrative fees. I request the opportunity to take the written rules examination on or about **November 11, 2019**. It is my understanding that if I pass the written examination with a grade of 86% or higher, I will then be eligible to pass a floor examination / training classes. Completion of the examination / training classes / floor exam DOES NOT guarantee acceptance as a candidate member to IAABO #35. Acceptance is also determined by the need for new officials. If not accepted as a member, no refund of the application fee will be provided.

Please fill out ALL information! If not applicable, please fill in n/a

NAME: _____ DATE OF BIRTH: _____

RESIDENCE: _____ CITY/STATE/ZIP: _____

SSN: _____ - _____ - _____ CELL: _____ HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____

EMAIL ADDRESS: _____ FAX: _____

EXPERIENCE IN YEARS IN BASKETBALL AS: PLAYER _____ COACH: _____ OFFICIAL: _____

REFERENCES: List two (2) individuals who are familiar with your background in basketball.

1 _____ 2 _____

Please sign this application and enclose the fee of **\$150.00.**

Make checks payable to: "IAABO Board 35"

Mail application and application fee to:

**Christian Sarantopoulos, Secretary Treasurer
IAABO Northeast CT Board #35
143 School Street
Danielson, CT 06239**

Telephone: 860-933-1745 Email: secretary@iaabo35.org

BOARD #35 WEBSITE ~ www.iaabo35.org

Board #35 member, if any, who recommended you for membership: _____

How did you find out about IAABO/Board #35: _____

APPLICANT SIGNATURE: _____ DATE: _____

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SUPPLEMENTAL INFORMATION APPLICATION FOR MEMBERSHIP - ADDENDUM

I hereby affirm that the supplemental information I am providing below is true, complete and accurate. I acknowledge that the Northeast CT District Board #35 of Approved Basketball Officials, Inc. will rely on this information to make a determination concerning my application for membership. I also acknowledge that the failure to provide true, complete and accurate information shall be grounds to deny membership. Should the discovery of a failure to provide true, complete and accurate information occur following the admission of membership of the applicant, this failure shall be cause for such membership to be terminated immediately. By signing below, I acknowledge understanding and agreeing to the same.

NAME [please print legibly] _____

Have you ever been convicted of a criminal offense? YES___ NO___ If yes, for each separate conviction please provide date of conviction(s), court location and offense(s) for which you were convicted.

Have you ever been convicted of a major motor vehicle offense(s); such as drunken driving, manslaughter with a motor vehicle or assault with a motor vehicle? YES___ NO___ If yes, for each conviction please provide date of conviction, court location and offense(s) for which you were convicted.

Have you ever been a member of an IAABO Board in the past? YES___ NO___ If yes, please list with which Board, State and years served as a member.

If you answered yes to the previous question, was your IAABO membership ever placed on probation, suspended or otherwise terminated? YES___ NO___ If yes, please explain the circumstances.

Have you ever been an officiating member of any other sport organization(s)? YES___ NO___ If yes, please list the name(s) of the sport organization(s) and years served as a member. List ALL that apply.

If you answered yes to the previous question, was your membership ever placed on probation, suspended or otherwise terminated? YES___ NO___ If yes, please explain the circumstances.

Have you ever held a position as a coach or volunteer for any sport? YES___ NO___ If yes, please list the name(s) of the organization(s) and position(s) held. List ALL that apply.

If you answered yes to the pervious question, were you ever placed on probation, suspended or otherwise terminated? YES___ NO___ If yes, please explain the circumstances.

APPLICANT IGNATURE: _____ **DATE** _____

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**INTERNATIONAL ASSOCIATION OF APPROVED BASKETBALL OFFICIALS
NORTHEAST DISTRICT BOARD #35**

TO: Current High School Sports Officials and New Candidates
FROM: Joe Tonelli, CIAC Director of Officials
SUBJECT: Criminal History Background Check – CIAC Approved Officials Directory

Thank you for your interest in officiating high school sports in Connecticut. Officials serve an important role and contribute significantly to the integrity of high school competition. Please be advised that effective the 2011-2012 school year, all current officials and new candidates must be cleared through a CIAC background check to be placed on the APPROVED LIST, from which member schools must obtain officials.

Thank you for reading and signing the CIAC background check consent form below.

<p align="center">CIAC BACKGROUND CHECK CONSENT FORM</p>

By signing this consent form, I acknowledge that I will be subject to a criminal background check. I understand that if I choose NOT to sign this consent form, I will not be included in the approved directory of officials authorized to officiate high school sports in Connecticut. I further understand that it may be necessary for the CIAC to disclose information regarding my criminal history to the Commissioner or other official designee of my local board.

Northeast Connecticut District Board #35 of Approved Basketball Officials, Inc.

Print Name: _____

Signature: _____

Today's Date: _____

Return with Application or Mail via United States Postal Service to:

**Christian Sarantopoulos, Secretary Treasurer
IAABO Northeast District Board #35
143 School Street
Danielson, CT 06239**