

USA Volleyball National Scorer Candidate Application Data Sheet 2024-2025 Season

Last Name:		First Name:			
Primary Email:	Re-Enter	Primary Email:			
Mailing Address:					
City:		State:	Zip Code:		
Cell Phone:		Home Phone:			
Region:		Year Certified as	Year Certified as Regional Scorer:		
USAV Member Number: Year Certi		rtified as National Refer	ified as National Referee (if applicable):		
its RVAs, or any c	ree (3) years, have you been the subject of of its member organizations (e.g., PAVO, A povide the following information: <u>Description</u>			cial by USAV, any of Sanction in Effect?	
			<u></u>		
				🗌 YES 🗌 NO	
I affirm that the information contained in this application is accurate and true to the best of my knowledge, information, and belief. I understand that my candidacy may be terminated if I do not remain in good standing within my region. I also understand that intentionally falsifying any information will result in immediate disqualification of my application at any point during the process.					
Applicant's	Signature	Date			
 My signature on this application confirms the applicant is a member of my region, has a current USAV background screen and SafeSport training completed in SportsEngine. Please check the box if applicable. The applicant has met all region requirements to maintain good standing. Please check the box if applicable. The applicant upholds high standards of professionalism; exhibits solid rules knowledge and officiating skills; and is adequately prepared to become a USA Volleyball National Scorer. Please check the box if applicable. 					
Scorer/Refer	ree Chair's Signature	Date			
Commission	er's Signature	Date			
The Natio	• The National Scorer Candidate application material must be uploaded into the USA Volleyball Academy by				

- Wednesday February 12, 2025 at 11:59 PM Pacific Time. PDF format is no longer required.
- Any questions please contact Officials at <u>officials@usav.org</u>
- LATE APPLICATIONS WILL NOT BE ACCEPTED.