



Volunteer Application



Use extra paper to complete if additional space is required

A copy of valid government issued photo identification must be attached to complete this application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Date of Birth _____

Occupation _____ Social Security # _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

Do you have children in the program? Yes No

If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s): Yes No

If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official Coach Umpire Field Maintenance
- Manager Scorekeeper Concession Stand Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
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As a condition of volunteering, I give permission for the the organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the organization is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

Local League Use Only:

Background check complete by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant.