



VOLUNTEER APPLICATION
Use extra paper to complete if additional space is needed



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 _____ Social Security No. _____
 Occupation _____
 Employer _____
 Address _____

Professional training, skills, hobbies:

Community Affiliations (Clubs, Service Organizations, etc.):

Previous Volunteer experience with year:

Do you have any children in the program? Yes _____ No _____

If yes, at what level _____

Special Certification (Ex.: CPR, Medical, etc.)

Do you have a valid driver's license? Yes _____ No _____

Driver's License No. _____ State _____

Have you ever been convicted 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 _____

Manger _____ Score Keeper _____ Concession Stand _____ Other _____

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

Name

Phone

As a condition of volunteering, I give permission for the organization to conduct a background check on me, which may include a review of the sex offender registry, child abuse and a 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 violations of policies and principles.

Applicant Signature: _____ Date: _____

Applicant Name: _____

(Please Print)

Local League Use Only:

Background check complete by league officer _____

On _____

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

Sex Offender Registry

Criminal History Records

Only attach a copy of the background check if the report reveals a conviction of this applicant.