

SKILES TEST BASEBALL LEAGUE UMPIRE APPLICATION

Personal Information

First Name		Last	
Home Address			
City		State	Zip
Mobile	()	Contact Preference	<input type="radio"/> Call <input type="radio"/> Text
Phone 2	()	Type	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Mobile
Email			
Email 2			
Birthdate	/ /	School	

Parent / Emergency Contact Information

First Name		Last Name	
Home Address			<input type="radio"/> same as applicant
City		State	Zip
Mobile	()	Contact Preference	<input type="radio"/> Call <input type="radio"/> Text
Phone 2	()	Type	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Mobile

Umpire History

Umpiring experience	year(s)	Skiles Test Umpire Experience	year(s)
Umpiring prior league			
Baseball or softball experience	<input type="radio"/> High School <input type="radio"/> Full-Time Travel <input type="radio"/> Rec-Travel <input type="radio"/> Recreation <input type="radio"/> None		
Umpiring certifications			

Questionnaire

Are you over the age of 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a dependable transportation to the fields?	<input type="radio"/> Yes <input type="radio"/> No
Availability	<input type="radio"/> Saturday Morning <input type="radio"/> Saturday Afternoon <input type="radio"/> Weekday Evenings <input type="radio"/> Sunday
Have you ever been convicted of or plead guilty to any crime(s)?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been convicted of or plead guilty to any misdemeanor(s)?	<input type="radio"/> Yes <input type="radio"/> No
If over the age of 18 – please read and choose a response.	

I give permission for Skiles Test Baseball League, Inc. ("Skiles Test"), through its Board-authorized representatives, to conduct a background check on me, which may include a review of sex offender registries, child abuse, criminal history and driving records. I understand that if chosen to umpire, my position is conditional upon Skiles Test receiving no inappropriate information about me. In connection with such matters, I hereby discharge, release and agree to hold harmless from liability Skiles Test and its directors, officers, employees and volunteers and any person or organization that may perform a background check and provide information to Skiles Test. I also understand that, regardless of previous umpiring appointments, Skiles Test is not obligated to select me as an umpire this year. Further, I understand that I am subject to suspension by the President and removal by the Board of Directors for violation of Skiles Test policies or principles for umpiring or otherwise.

I accept I do not accept under 18

printed name

signature

date

Please return the completed form in one of the following methods. Along with the form please provide a clear photocopy or photograph of a state issued photo ID (driver's license, state ID, or else a school ID).

email: operations@skilestest.com

If you postal mail your completed application, please also send an email stating your desire to umpire.

postal:
Skiles Test Baseball League, Inc.
5868 E 71st St
Suite E-169
Indianapolis, IN 46220-4075