



Volunteer Registration

Lower Swatara Township Athletic Association

Volunteer Information

Volunteer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email (required): _____ Work Phone: _____

Date of Birth: _____

Occupation/Employer: _____

Driver's License No: _____

Is Your Child registered with LSTAA: Yes No

Registered Child's Name (if Yes above): _____

Volunteer Preference

Please indicate in which area(s) you wish to participate:

- Manager/Coach Umpire Field Maintenance Concessions
 Scorekeeper Team parent Other (please list:) _____

Background Check

LSTAA conducts background checks on all volunteers actively working with our young players in accordance with LSTAA policy and all applicable state and federal laws. All approved managers, assistant coaches and team parents MUST have a completed background check in order to serve in these positions. All adults working with our kids on the practice and game field must have cleared background checks and approved by the LSTAA Executive Board.

Have you lived within the Commonwealth of Pennsylvania for the past 10 years? Yes No

Have you been convicted or pled guilty to any Crime? Yes No

If Yes above, please explain: _____

As a condition of volunteering, I give permission for the Lower Swatara Township Athletic Association (LSTAA) to conduct background checks in accordance with applicable laws in the Commonwealth of Pennsylvania. These checks--in accordance with the law--may and will likely include a review of sex offender registries, child abuse and criminal history records. I understand that I may be responsible for completing such background checks and will submit them for review upon request. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability LSTAA, 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, LSTAA 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 LSTAA Board of Directors if it deems appropriate for any violation of its rules, bylaws, or policies or principles.

Signature: _____ Date: _____