

BLOOMINGDALE YOUTH SPORTS ASSOCIATION VOLUNTEER APPLICATION

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Social Security # (mandatory with *First Advantage* or upon request): _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____ Date of Birth: _____

Occupation: _____

Employer: _____

Address: _____

Professional training, skills, hobbies: _____

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

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

Do you have any children in the program: Yes No If yes, list full name and what level:

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

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

2. Driver's License #: _____ State: _____

Have you been convicted of or plead guilty to any crime(s): Yes No If Yes, describe each

in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against

a minor? Yes No If yes please describe each in full: _____

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

please describe each in full: _____

In which of the following would you like to participate? Check one or more: Coach Manager
Umpire Scorekeeper Concession Stand Field Maintenance League Official Other

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

Name/Phone

AS A CONDITION OF VOLUNTEERING, I give permission for the Bloomingdale Youth Sports Association (BYSA) to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 Babe Ruth/Cal Ripken Baseball and Softball organizations, BYSA, 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, Babe Ruth/Cal Ripken Baseball and Softball organizations and BYSA 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 Babe Ruth/Cal Ripken Baseball and Softball and BYSA policies or principles.

Applicant Signature: _____ Date: _____

If Minor/Parent Signature: _____ Date: _____

Applicant Name (Please print): _____ Date: _____

Note: The local Babe Ruth/Cal Ripken Baseball and Softball organizations and BYSA will not discriminate against any person on the basis of race, creed, color national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY

Background check completed by league officer: _____

on _____

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

Sex Offender Registry

Criminal History Records

*First Advantage

*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from First Advantage in compliance with the Fair Credit Reporting Act on training information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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