

**VOLUNTEER APPLICATION**

To Be Completed By All Volunteers Including Coaches, Managers, Administrators, Umpires, Etc. Of The Sports Organization Who Have Regular Access To Or Repeated Contact With Athletes

Name of Sports Organization: Gladewater Youth Baseball Association

City and State of Sports Organization: Gladewater, Texas

**Personal Information**

Date of Completion of This Form: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Other Names (maiden, alias, etc.): \_\_\_\_\_

Male or Female: \_\_\_\_\_

**TO BE AVAILABLE ON REQUEST**

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Home Address: List all for the past 7 years

Present (include dates): \_\_\_\_\_

\_\_\_\_\_

(attach a separate sheet if additional space is needed)

**Qualifications:**

What position are you applying for?: \_\_\_\_\_

Have you ever been convicted of a crime? (if yes, explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any other youth sports program? (if yes, explain) \_\_\_\_\_

\_\_\_\_\_

Do you have children in the program? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

Why are you qualified to coach, manage, umpire, etc.: \_\_\_\_\_

*See Back Page*

**Acknowledgement Of Training**

I acknowledge that on \_\_\_\_\_ (date) I was given a copy of the sports organization’s Simplified Child Abuse/Molestation Risk Management Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless the sports organization, its employees, board members, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Consent/Release**

I authorize and give consent for the sports organization referenced above to obtain my personal information.

This includes, but is not limited to employment records/employer’s references; criminal background records/information; criminal background checks/fingerprints; driving record check, financial bankruptcy information, coaching experience, personal references, and addresses.

I authorize this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the sports organization, that the sports organization is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability the sports organization and its directors, officers, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Sports Organization Use Only**

Background checks completed by \_\_\_\_\_ (name) on \_\_\_\_/\_\_\_\_/\_\_\_\_(date)

GPD To Designate Below from Sources Checked and Return to GYBA Secretary:

- Clean
- Not Clean (keep this form and the record check on file for 15 years if not clean)

Only attach to this copy the records of background checks that are not clean.