



VOLUNTEER APPLICATION

****** A copy of a valid government issued photoidentification must be attached to complete this application.******

Team Position	Division	Team	WKAC Executive Committee	
<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent	<input type="checkbox"/> Shetland <input type="checkbox"/> Pinto <input type="checkbox"/> Mustang <input type="checkbox"/> Bronco <input type="checkbox"/> Pony	<input type="text"/>	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Division Director	<input type="checkbox"/> Registrar <input type="checkbox"/> Equip Mgr <input type="checkbox"/> Commissioner <input type="checkbox"/> Publicity <input type="checkbox"/> Football Director

VOLUNTEER INFORMATION				
Last Name		First Name		Middle Initial
Mailing Address		City	Zip Code	Home Phone
Home Phone	Work Phone	Cell Phone	Email Address	
Date of Birth	Occupation		Employer	
Social Security Number	Driver License Number	Driver License - State of Issue		Driver License Expiration

Do you have a child participating in the WKAC league? Y N If yes, name/division/team: _____

Do you have current CPR or First Aid certification? Y N If yes, date certification expires: _____

Ever been refused participation by a youth sports league? Y N If yes explain: _____

Ever been disciplined by a youth sports league? Y N If yes explain: _____

Ever been convicted or plead guilty to a crime? Y N If yes explain: _____

Number of years of baseball coaching experience? _____

SPORTS VOLUNTEER HISTORY (list most current first)					
League	Year	Season	Position	Division	Team

REFERENCES (two of which must be of parents on teams you have previously volunteered on)		
Name	Phone Number	Relationship / Comments

EMERGENCY CONTACT		
Name: _____	Relationship: _____	Phone: _____

As a condition of volunteering, I acknowledge that all information provided on this application is accurate to the best of my knowledge. I grant permission to the WKAC organization to conduct a background check on me, 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 WKAC and its officers, directors, league officials, coaches, and volunteers thereof, or or any other person or organization that my provide such information. I also understand that regardless of previous appointments, WKAC 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 and/or removal by the Executive Committee for violations of WKAC bylaws, policies, principles, or code of conduct.

Signature _____

Date _____