

ST JOHNS YOUTH BASEBALL ASSOCIATION

Volunteer Application

A copy of valid government issued photo identification must be attached to complete this application.

Please print:

Legal Name: _____
Last First MI

Any other names used (including maiden names): _____

Birth Date: ____/____/____ Day Phone _____ Evening Phone _____
Month Day Year

Do you have children in the program? Yes [] No []

If yes, at what level? _____

Have you ever been refused participation in any other youth program? Yes [] No []

If yes, explain: _____

In which of the following would you like to participate? (Check one or more)

League Official [] Coach [] Umpire [] Grounds Crew [] Concessions Stand []

I understand and agree that:

- A. If appointed, my position is conditional upon the league receiving no inappropriate information on my background. 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 policies or principles.
- B. I am releasing liability of the local organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information.
- C. The organization is not obligated to appoint me to a volunteer position.

As a condition of volunteering, I give permission for the organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.

Applicant Signature _____ Date _____

Local League Use Only:

Background check completed by Board Member _____ on _____

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

Sex Offender Registry [] Criminal History Records []
Attach only copies of background check reports that reveal convictions of this applicant.