

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: **West Stanly Dixie Softball, West Stanly Baseball, City of Locust Parks and Recreation.**

City and State of Sports Organization: Locust, NC

Personal Information

Date of Completion of This Form: ____/____/____

Your Full Legal Name including maiden printed

Date of Birth: ____/____/____

Other Names (maiden, alias, etc.): _____

Male or Female : _____

Home Phone Number: (____)____-____ Cell: (____)____-____

Home Address: List all for the past 10 years

Present (include dates):

Previous (include dates):

Write on back if additional space needed

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) _____

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 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 Conduct Official _____ (name) on ____/____/____ (date)