<u>Volunteer Application</u>

Use extra paper to complete if additional space is needed.

Team Coaching: _____ Age Group:_____

Full Name:_____ Date:_____

Address:_____City:_____Zip:_____

Home Phone:_____Bus. Phone_____Cell Phone_____

Pager:_____ Email Address:_____

Date of Birth:_____ Occupation:_____

Social Security No.:_____ Employer:_____

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

_____

Do you have children in the program? Yes ☐ No ☐ If yes, at what level?_____

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

Do you have a valid driver's license? Yes ☐ No ☐ Driver's License # _____

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

League Official ☐ Coach ☐

1. Have you ever been convicted of or plead guilty to any crime(s): Yes ☐ No ☐

2. Have you ever been refused participate in any youth programs? Yes ☐ No ☐

3. Have you ever received deferred adjudication for an offense or otherwise required to register as a Sex Offender under any state or federal statute? Yes ☐ No ☐

If you answered "Yes" to question 1, 2 or 3, provide complete details:_____

_____
_____
_____
_____

_____

I certify that all statements on this Application are true and correct. As condition of volunteering, I give permission for EJRT 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 EJRT, their officers, employees and volunteers thereof, or any other person or organization that may provi8de such information. I also understand that, regardless of previous appointments, EJRT 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 Director for violation of EJRT policies or principles.

Applicant Signature:_____Date:_____

EJRT Use Only: Background check complete by _____

Date:_____. System(s) used for background check (minimum of one must be checked): Sex Offender Registry ☐ Criminal History Records ☐ .

Accepted: Yes ☐   No ☐