

## Volunteer Application

Use extra paper to complete if additional space is needed.

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?

Umpire

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 provide 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