



Volunteer Application



Use extra paper to complete if additional space is required

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

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Date of Birth: _____

E-mail Address: _____

Alt. E-mail Address: _____

Occupation: _____ Social Security No: _____

Employer: _____

Employer Address: _____

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

League Official _____ Team Manager _____ Coach _____ Scorekeeper _____

Field Maintenance _____ Umpire _____ Concession Stand _____ Other _____

Special professional training, skills: _____

Community affiliations (Clubs, Service Organizations, etc): _____

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

Do you have children in the program? Yes _____ No _____

If yes, what age division? _____

Special certification (CPE, AED, Medical, et.): _____

Do you have a valid driver's license? Yes _____ No _____

Driver's license state and number: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, describe each in full: _____

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

If yes, explain: _____

Please list three (3) references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Reference Name	Phone Number
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission to the West Boca Raton Softball Association (WBRSA) to conduct a background check on my, which will 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 the WBRSA, the officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the organization 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 Directors for violation of policies or principles of the WBRSA.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

WBRSA USE ONLY

Background check completed by: _____

Date of background check: _____

System(s) used to conducted background check (one or more must be checked):

Sex Offender Registry: _____ Criminal History Record: _____

Only attach to this form copies of background check reports that reveal convictions of this applicant