

VOLUNTEER APPLICATION

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name				Date			
(LAST)	(FIRST)	(M.I.)					
Address							
(no.)	(street)	(city)	(state)	(zip)	(country)		
Birthdate							
Social Security Number	ber						
Telephone: Work ()		Home (_)			
Cell ()		Email					
Occupation	upation Employer						
Address							
(no.)	(street)	(city)	(state)	(zip)	(country)		
Other Names Known	As	701.19					
Special professional training, skills, hobbies:							
Community affiliations (Clubs, Service Organizations, etc.):							
Previous volunteer experience (including baseball/softball and year):							
Do you have children in the program? Yes No If yes, list full name and level							
Special Certification	(CPR, Medical, etc.):						
Do you have a valid o	driver's license?: Y	es No					
Driver's License#:		State:					
Have you ever been convicted of or pled guilty to any crime(s) involving or against a minor? Yes No If yes, describe each in full:							
Have you ever been refused participation in any other youth programs?YesNo If yes, explain:							



In which of the following capacities w	ould you like to participa	te?
League official	Manager	Coach
Scorekeeper	Umpire	Field Maintenance
_ Concession Stand	Other	
Please list three references, at least one	of whom has knowledge	of your participation as a volunteer in a youth program:
1. Name/Phone		
2. Name/Phone	To the remaining	
3. Name/Phone		
with the organization, which may include a review of si conditional upon the league receiving no information of RBI league, Major League Baseball entities and their a receive such information. I also understand that, regar	ex offender registries, child abuse a on my background that gives them of filiates, the officers, employees and dless of previous appointments, RE m subject to suspension and/or ren	onduct background check(s) on me now and as long as I continue to be active and criminal history records. I understand that, if appointed, my position is concern. I hereby release and agree to hold harmless from liability the local d volunteers thereof, or any other person or organization that may provide or all is not obligated to appoint me to a volunteer/staff position. If appointed, I noval by the League Administrator and/or the Board of Directors for violation of inors.
Name of Player (Signature)	Date	
If Minor/Parent (Signature)	Date	8
Applicant Name (Please Print)	Date	8
Local League Use Only:		
Background check completed by leag on:	gue officer:	
System(s) used for background check Sex Offender Registry	•	be checked): istory Records