



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: _____ Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Social Security No.: _____ Business Phone: _____

Mobile Phone: _____ Date of Birth: _____

Email Address: _____ Occupation: _____

Employer: _____

Employer Address: _____

In which of the following roles would you like? (Please check those that apply)

Team Manager: ___ Head Coach: ___ Assistant Coach: ___ Umpire: ___

Field Maintenance Volunteer: ___ Concession Volunteer: ___

Other, please explain: _____

Special professional training, skills, applicable to league volunteering: _____

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

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

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

If yes, what age division? _____

Please list any special certifications (CPE, AED, Medical, etc.): _____

Please provide your Driver's License No.: _____ Valid: Yes ___ No ___

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

If yes, describe each in full, and when: _____

Have you ever been refused participation in any other youth program?

Yes ___ No ___ If yes, please 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: _____

Reference Name: _____ Phone: _____

Reference Name: _____ Phone: _____

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, Board of Directors, 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 team; I am subject to suspension by the President and 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 conduct 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.