

A COPY OF A VALID GOVERNMENT
ISSUED PHOTO ID MUST BE
ATTACHED TO COMPLETE AND
PROCESS THIS APPLICATION.



2016
MIMS PARK ATHLETICS
VOLUNTEER APPLICATION



DATE: _____

NAME: _____ BIRTHDAY: _____

SOCIAL SECURITY # (FOR BACKGROUND CHECK): _____ MAIN PHONE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS (ESSENTIAL FOR COMMUNICATIONS): _____

SPECIAL PROFESSIONAL TRAINING, SKILLS, HOBBIES: _____

PREVIOUS VOLUNTEER EXPERIENCE (INCLUDING COACHING & YEAR(S)): _____

DO YOU HAVE CHILDREN IN THE PROGRAM?: YES NO IF YES, WHAT LEAGUE(S): _____

SPECIAL CERTIFICATION (i.e. CPR, MEDICAL, ETC.): _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO DRIVER'S LICENCE #: _____ STATE: _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO ANY CRIME(S): YES NO IF YES, DESCRIBE IN DETAIL BELOW: _____

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS YES NO IF YES, EXPLAIN BELOW: _____

IN WHICH OF THE FOLLOWING POSITIONS WOULD YOU LIKE TO PARTICIPATE? (CHECK ONE OR MORE AND WRITE THE LEAGUE NAME.)

HEAD COACH | LEAGUE: _____ ASSIST. COACH | LEAGUE: _____ TEAM MOM CONCESSIONS

PLEASE LIST 3 REFERENCES, AT LEAST ONE OF WHICH HAS KNOWLEDGE OF YOUR PARTICIPATION AS A VOLUNTEER IN A YOUTH PROGRAM:

1 NAME: _____ PHONE: _____

2 NAME: _____ PHONE: _____

3 NAME: _____ PHONE: _____

As a condition of volunteering, I give permission for Mims Park Athletics (MPA) 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 MPA, Cal Ripken Baseball, Babe Ruth Baseball, 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, MPA 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 MPA policies or principles.

APPLICANT (PLEASE PRINT): _____ DATE: _____ SIGNATURE: _____

Note: MPA and Cal Ripken / Babe Ruth Baseball will not discriminate against any person on the basis of race, color, creed, national origin, marital status gender, sexual orientation or disability.

OFFICIAL USE ONLY	BACKGROUND CHECK COMPLETE BY LEAGUE OFFICER: _____ DATE: _____
	SYSTEM(S) USED FOR BACKGROUND CHECK (MIN. OF ONE MUST BE CHECKED): <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CRIM. HIST.