

West University Softball Association

Volunteer Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Date of Birth _____ Social Security No. _____

Occupation _____

Do you have children in the program? Yes No

If yes, at what level? _____

Special Certifications (i.e., CPR, Medical, etc.) _____

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

Driver's License No. _____ State _____

Have you ever been convicted of or plead guilty to any crime(s)? Yes No

If yes, please describe each in full: _____

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

If yes, please explain: _____

As a condition of volunteering, I give permission for the W.U.S.A. organization 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 condition upon the W.U.S.A. organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability 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 W.U.S.A. 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 the W.U.S.A. organization's policies or principles.

Applicant Signature _____

Applicant Name (please print or type) _____

Dated this _____ day of _____, 20_____.