



PLEASE ATTACH A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CELL NUMBER: _____ OCCUPATION: _____

EMPLOYER: _____

SPECIAL PROFESSIONAL TRAINING, SKILLS, HOBBIES: _____

COMMUNITY AFFILIATIONS (clubs, service organizations, etc): _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SPECIAL CERTIFICATIONS (cpr, Medical, etc.): _____

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY or HAVE A PENDING CASE TO ANY CRIME(S)

INVOLVING OR AGAINST A MINOR: YES NO

If yes, describe and explain in full detail: _____

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS?

YES NO

WHAT TEAM/COACH/DIVISION ARE YOU APPLYING TO VOLUNTEER? _____

HEAD COACH ASSISTANT COACH TEAM MOM UMPIRE SCOREKEEPER OTHER _____

PLEASE LIST 3 PERSONAL REFERENCES / CONTACT INFORMATION

1)

2)

3)

AS A CONDITION OF VOLUNTEERING, I give permission for NGSA to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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 NGSA the officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, NGSA 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 NGSA policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____