

VOLUNTEER APPLICATION

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

Name _____ Date _____

Address _____

City _____ State _____

Zip _____ Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____

E-mail Address: _____ Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Previous volunteer experience (including baseball/softball and year):

1. Do you have children in the program? Yes ♦ No ♦
 - a. If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? (list) Yes ♦ No ♦
3. Do you have a valid driver's license? Yes ♦ No ♦
4. Driver's License#: _____ State _____
5. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes ♦ No ♦
 - a. If yes, describe each in full: _____
6. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ♦ No ♦
 - a. If yes, describe each in full: _____
- b. (Answering yes to question 5, does not automatically disqualify you as a volunteer.)
7. Do you have any criminal charges pending against you regarding any crime(s)? Yes ♦ No ♦
 - a. If yes, describe each in full: _____
8. Have you ever been refused participation in any other youth programs? Yes ♦ No ♦
 - a. If yes, explain: _____
9. In which of the following would you like to participate?

♦ Board Member ♦ Committee member

♦ Manager ♦ Coach ♦ Field Maintenance

♦ Team Mom (or Team Dad) ♦ Scorekeeper

♦ Other _____

10. Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

11. AS A CONDITION OF VOLUNTEERING, I give permission Carson Youth Programs, Inc. 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 Carson Capitols Lacrosse, Carson Youth Programs, Inc., 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, Carson Youth Programs, Inc. 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 Carson Youth Programs, Inc., policies or principles.

12. Applicant Signature _____ Date _____

13. If Minor/Parent Signature _____ Date _____

14. Applicant Name (please print or type)

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LOCAL LEAGUE USE ONLY: Background check completed by league officer
_____ on

_____ System(s) used for
background check (minimum of one must be checked): Regulation I(c)(9) Mandates
all checks include criminal records and sex offender registry records *Please be
advised that if you use JDP and there is a name match in the few states where only
name match searches can be performed you should notify volunteers that they will
receive a letter or email directly from JDP in compliance with the Fair Credit
Reporting Act containing information regarding all the criminal records associated
with the name, which may not necessarily be the league volunteer. Only attach to
this application copies of background check reports that reveal convictions of this
application.