



VOLUNTEER APPLICATION

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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ BUSINESS PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ TODAY'S DATE _____

OCCUPATION _____

DRIVER'S LICENSE NUMBER _____ STATE _____

PREVIOUS VOLUNTEER EXPERIENCE (including softball and year)

SPECIAL CERTIFICATIONS (CPR, Medical, etc.) _____

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

If yes, please provide brief description: _____

Have you ever been refused participation in any youth program? Yes ___ No ___

If yes, explain: _____

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

Name

Phone

As a condition of volunteering, I give permission for the Bay River Rumble 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 conditional upon the Bay River Rumble organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Bay River Rumble organization and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Bay River Rumble 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 Bay River Rumble policies and/or principles.

APPLICANT SIGNATURE: _____ Date _____

(The Bay River Rumble organization will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability).

Bay River Rumble Use Only:

Background information check completed by BRR Officer: _____

On _____

System used for background check (minimum of one must be checked)

Sex Offender Registry ___ Criminal History Records ___

Other (as approved by BRR Board of Directors) _____