



Association Inc.

Volunteer Application

(Use extra paper to complete if additional space is required)

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Date of Birth _____

Occupation _____ SSN _____

Employer _____

Address _____

Special professional training, skills, hobbies _____

Community affiliations (Clubs, Service Organizations, etc.) _____

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

Year: _____

Do you have a child in the program? Yes No If yes, at what level? _____

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

Do you have a valid driver's license? Yes No Driver's License # _____

Accidents or traffic violations? Yes No If yes, please explain: _____

Have you been convicted of any crime(s)? Yes No if yes, describe in full: _____

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

If yes, please explain; _____

In which of the following would you like to participate? (Check one or more.)

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand

Other _____

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 Osceola Baseball-Softball Association to conduct a background check on me, which may include a review of criminal and child abuse records maintained by government agencies. 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 the Osceola Baseball-Softball Association, the officers, employees, and volunteers thereof, or any other person or organizations that may provide such information. I also understand that, regardless of previous appointments, Osceola Baseball-Softball Association 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 policies or principles.

Applicant _____ Date _____

Please Print

Applicant Signature _____

Note: The Osceola Baseball-Softball Association Inc. does not limit participation in its activities on the basis of disabilities, race, color, creed, national origin, gender, sexual preference or religious preference.