

2019 VOLUNTEER APPLICATION



Skyway Baseball

4840 Independence Pkwy.
Tampa, FL 33634

Team(s):

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Phone _____
 E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Social Security # (mandatory) _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies: _____

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

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

Do you have children in the program? Yes No
 If yes, list full name and what level? _____
 Special Certification (i.e. CPR, Medical, etc.): _____
 Do you have a valid driver's license: Yes No
 Driver's License#: _____ State _____
 Have you ever been convicted of or plead guilty to any crime(s): Yes No
 If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

In which of the following would you like to participate? (Please circle one or more.)
 League Official Manager Field Maintenance Team Mom
 Coach 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 Skyway Youth Baseball & Softball 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 league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local organization, Skyway Youth Baseball & Softball, Incorporated, 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, Skyway Youth Baseball & Softball 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 organization policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Local League Use Only:
 Background check completed by league officer _____ on _____
 System(s) used for background check (minimum of one must be checked):
 Sex Offender Registry Criminal History Records *LexisNexis
**Please be advised that if you use LexisNexis 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 directly from LexisNexis 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 copy of background check reports that reveal convictions of this application.