



PLYSA Volunteer Application

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

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail _____

Date of Birth _____

Occupation _____ SS# _____

Employer: _____

Address: _____

Special Skills: _____

Community or previous volunteer experience: _____

Do you have children in the league? Yes No

Special certifications (EMT, CPR, etc): _____

Do you have a valid driver's license? Yes No

Drivers License #: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s)?

Yes No If yes, explain: _____

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?

(check all that apply)

Team Manager Coach Team Parent Other

Please list three references, preferably those that have knowledge of your prior volunteer activity(if applicable):

Name

Phone

As a condition of volunteering, I give permission for the PLYSA 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 on the league receiving no inappropriate information on my background. I hereby agree to release and hold harmless from liability the PLYSA, its' officers, employees and volunteers thereof or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the PLYSA is not obligated to appoint me to a volunteer position. If appointed, I understand that I am subject to suspension by the President and removal by the Board of Directors for violation of the PLYSA policies or principles.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

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

PLYSA use only:

Background check completed by: _____

Completed date: _____

System used (check one): Sex offender registry Criminal History Records

NOTE: only attach to this application copies of background check reports that reveal convictions of this applicant.