

Monticello Youth Baseball

Volunteer form



(A copy of a valid government issued Drivers License's must be attached to complete this application)

Name:
Address:
City, State, Zip
SSI # (must have copy)
Employer:
Professional Training, Skills, Hobbies:
Community affiliations (Clubs, Organizations) :
Previous volunteer experience:

Do you have a child in the program? Yes ___ No ___ If yes , list child's full name and level. _____

Special Certifications (CPR, First Aid, etc.) _____

Have you ever been convicted of or plead guilty to any crime/crimes involving or against a minor? _____

If yes describe each in full: _____

Are there any criminal charges pending against you regarding any crime involving or against a minor or an type of drug related cases. Yes ___ NO ___ If Yes please describe each in full: _____

Have you ever been refused participation in any other youth Program Yes ___ No ___ If Yes Please explain: _____

Which of the following would you like to participate? (Please check all that apply)

League Official ___ Coach ___ Umpire ___ Field Maintenance ___ Manager ___ Scorekeeper ___ Concession Stand ___ Other ___

As a condition of volunteering, I give permission for Monticello Youth Baseball Organization to conduct a background check on me now and as long as I continue to be active with the organization.

Signature

Date