



# ANTHONY WAYNE AREA BASEBALL/SOFTBALL ASSOCIATION

PO BOX 348, WATERVILLE, OHIO 43566



## AWABSA VOLUNTEER APPLICATION

**A copy of valid government issued photo identification must be attached to complete this application.**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Special professional training, skills, and 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, at 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? (Check one or more.)

League Official      Coach      Assistant Coach      Umpire      Field Maintenance      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 AWABSA 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 Anthony Wayne Area Baseball Softball Association, 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, AWABSA 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 AWABSA policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

NOTE: Anthony Area Baseball Softball Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**AWABSA Use Only:**

Background check complete by league officer \_\_\_\_\_ on \_\_\_\_\_.

System(s) used for background check: Sex Offender Registry Criminal History Records

*Only attach to this application, copies of background check reports that reveal convictions of this applicant.*