



# 2009 Escondido Youth Baseball Volunteer Form

Do not use forms from past years. Use extra paper to complete if additional space is required.

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 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, 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.)

*Coach      Manager      Umpire      Scorekeeper      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 Escondido Youth Baseball 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 League, Escondido Youth Baseball, PONY Baseball, the officers, employees and volunteers thereof (EYB), or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Escondido Youth Baseball 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 and removal by the Board of Directors for violation of EYB policies or principles.

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

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

*Note Escondido Youth Baseball, Incorporated 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 complete by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

*Sex Offender Registry*

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