

# SMYO Volunteer Application

Use the back of this sheet 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 \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # (optional, mandatory upon request) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special Professional Training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Community affiliations (Clubs, Service Organization, 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? (Check one or more.)

League Official  Coach  Umpire  Field Maintenance

Manager  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 the 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 SMYO Board officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SMYO 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 SMYO Board of Directors for violation of policies or principles.

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

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

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

## SMYO USE ONLY

Background check completed by \_\_\_\_\_

On \_\_\_\_\_

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

Sex Offender Registry  Criminal History Records  \*Other

\* List system used: \_\_\_\_\_

\_\_\_\_\_

Only attach copies of background check reports that reveal convictions of the applications.