



# HARWINTON YOUTH SPORTS ASSOCIATION

## Volunteer Application

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

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_ ext. \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer address \_\_\_\_\_

Special professional training, skills, hobbies \_\_\_\_\_

Community affiliations (clubs, service organizations, etc.) \_\_\_\_\_

Previous volunteer experience (including sport and year) \_\_\_\_\_

Do you have children in the program?  Yes  No

If yes, list full name and level \_\_\_\_\_

CPR Certification  Yes  No Expiration date \_\_\_\_\_

Other medical certification (i.e. AED, etc.) \_\_\_\_\_

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 a youth program?  Yes  No

If yes, explain in full \_\_\_\_\_

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 \_\_\_\_\_

As a condition of volunteering, I give permission for the HYSQA 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 HYSQA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability HYSQA, the Board of Directors, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HYSQA 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 HYSQA policies or principles.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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

**HYSQA USE ONLY:** Background check completed by league officer:

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

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

- Sex Offender Registry  Criminal History Records  Choicepoint\*

\*Please be advised that if you use Choicepoint and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from Choicepoint in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.  
Only attach to this application copies of background check reports that reveal convictions of this application.