



VOLUNTEER REGISTRATION FORM

EVENT: _____

Part I-General Information:

Name:	Cell Phone:
Address:	Email:
City:	Zip Code:
Employer/School:	Evening Phone:
Emergency Contact:	Emergency Phone:

Part II-Background Information:

1. Do you use illegal drugs?	Yes	No
2. Have you ever been convicted of a criminal offense?	Yes	No
3. Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?	Yes	No
5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
6. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?	Yes	No
7. Have you ever applied to, volunteered or been employed by Orange County Athletics?	Yes	No
If you answered YES to questions 1-7 please explain (use the back of this application if necessary):		

Part III- Event Information:

Date:	___ 7:00am-12:00	___ 12:00-5:00pm	___ 5:00-9:00pm
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ID Check performed by: _____ Date: _____