

JOHNSTON GIRLS SOFTBALL ASSOCIATION

VOLUNTEER APPLICATION

Introduction: The Johnston Girls Softball Association (JGSA) wishes to assure the finest experience in the game of softball for the girls who participate on any of our teams. We know that the community, the girls, their families, the managers, coaches and other volunteers want the same high standards to apply to the JGSA. To help to assure that these goals are met, the JGSA Board of Directors has approved this application to be completed by all volunteers, including the Board of Directors. The information requested will be used only for the purpose of evaluation of qualifications and background of volunteers.

The child abuse/molestation portion of the application will be reviewed by the JGSA Conduct Official. This portion will only be shared with the Board of Directors if necessary to evaluate the application. In the event that your application is not accepted because of a problem with this portion of the application, you will be confidentially notified, and you will have the right to appeal this decision to the Executive Committee of the Board.

Name: _____ Date of birth: _____ Date of application: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email Address (if applicable): _____

Current employer: _____ Position: _____

Have you ever been convicted of any crimes? (PLEASE CIRCLE) Yes No If yes, give full explanation.

Have you ever been convicted of sexual abuse? (PLEASE CIRCLE) Yes No If yes, give full explanation.

Position(s) desired (please circle): League Manager, League Assist Coach, ASA Manager, ASA Assist,
Team Parent, JGSA Board Member, Other _____

List the sports you have coached or children's activities you have led:

(type of sport/activity)	(organization/league)	(type of position or role)
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(type of sport/activity)	(organization/league)	(type of position or role)
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Previous softball or baseball playing or coaching experience, if any:

Year(s): _____ Organization(s): _____

List three references, at least one of which has knowledge of your participation as a volunteer in a youth program. -

Names

Phone Numbers

As a condition of volunteering, I give my permission for the Johnston Girls Softball Association to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that, if appointed, my position is conditional upon the JGSA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the JGSA officers, directors and volunteers and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, JGSA is not obligated to appoint me to a volunteer position. If appointed, I understand that I am subject to suspension by the President and removal by the Board of Directors for violation of JGSA policies or principles, including providing false or incomplete information on this application.

Applicant: _____ Date: _____

Please print

Applicant signature _____