

Hillsdale Baseball & Softball Association Volunteer Application

Name _____ Date _____

Address _____

Home Phone _____

Cellular Phone _____

Email _____

Previous volunteer experience (including baseball/softball and year)

Do you have children in the program? Yes ___ No ___

If yes, at what level? _____

Special Certification (Rutgers, CPR, Medical) _____

Have you ever been refused participation in any other youth programs? Yes ___ No ___

If yes, explain: _____

In which of the following would like to participate?

Coach ___ Assistant Coach ___ Concession Stand ___ League Official ___ Other _____

As a condition of volunteering, I give permission for the Hillsdale Baseball & Softball Association, hereby referred to as (HBSA), to conduct a background check on me- which may include sex registries and child abuse 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 HBSA, the officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HBSA 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 HBSA policies or principles.

Applicant Signature _____ Date _____

Applicant Name (print) _____

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

HBSA use only:

Background check completed by league on Date _____