

CVHAA
PATRIOTS BASEBALL

Volunteer Application Form

Full Name: _____

D.O.B. (mm/dd/yyyy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Bus. #: _____

Email Address: _____

Occupation / Employer: _____

Employer Address: _____

Social Sec. #: _____ Driver's License #: _____ State: _____

Have you ever been convicted of or plead guilty to any crimes(s) involving or against a minor? **YES** _____ **NO** _____

If YES, please describe in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? **YES** _____ **NO** _____

If YES, please describe in full: _____

Have you ever been refused participation in any other youth programs? **YES** _____ **NO** _____

If YES, please explain: _____

Coaching Interests, Background, and Experience

State the main reasons you are applying to volunteer / coach: _____

List previous volunteer / coaching experience (include dates): _____

List athletic playing experience: _____

List special skills, certifications, or training (ABCA membership, NFHS certification, CPR, First Aid, etc.):

Please list three (3) references (names and phone #), at least one of which has knowledge of your participation as a volunteer in a youth program:

Jersey Size (YL, XS, S, M, L, XL, XXL): _____ Hat Size: (XS/S, S/M, L/XL): _____

AS A CONDITION OF VOLUNTEERING, I give permission for Central Virginia Homeschool Athletic Association (CVHAA) to conduct background check(S) on me now and as long as I continue to be active with CVHAA, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Central Virginia Homeschool Athletic Association, the officers, employees and volunteers thereof, or any person or organization that may provide such information. I also understand that, regardless of previous appointments, CVHAA 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 CVHAA policies or principles.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Applicant Name: _____
(Please print or type)