



2010 Volunteer Application

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Business Phone _____

E-mail Address: _____

Date of Birth _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Do you have children in West Bradford Youth Athletics? Yes No

If yes, list full name and what sport(s)?

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or pled guilty to any crime(s): Yes No

If yes, describe each in full: _____

Have you ever been refused participation in, or removed from, any youth

programs, whether as a coach, volunteer or spectator? Yes No

If yes, explain: _____

In which of the following would you like to participate (Check all that apply)

Manager/Coach _____ Field Maintenance _____ Sport Official(Ref/Ump) _____

Snack Bar _____ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name & Phone

As a condition of volunteering, I give permission to West Bradford Youth Athletics(WBYA) 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 West Bradford Youth Athletics receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability West Bradford Youth Athletics, the officers, employees and volunteers thereof, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, West Bradford Youth Athletics 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 violations of West Bradford Youth Athletics policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

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

West Bradford Youth Athletics Use Only:

Background check completed by: _____

on _____

System(s) used for background check (minimum of one required)

Sexual Offender Registry _____ Criminal History Records _____ Lexis Nexis* _____

Other _____ (explain) _____

**Please be advised that if you use LexisNexis and there is a name match in the few states where only a name match search can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with their name, which may not necessarily be the volunteer.*

**West Bradford Youth Athletics
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Tel: 610-344-9444 Fax: 610-344-9420**