



South Belt Girls Softball Association Volunteer Application

A copy of valid government issued photo identification must be attached to complete this application.

Check one: ☐ Head Coach ☐ Assistant Coach ☐ Team Mom ☐ Other Parent Helper

Note: The Head Coach handles team administrative duties and is the team contact with the league.

Check One: ☐ 6U ☐ 8U ☐ 10U ☐ 12U ☐ 14/16U

Applicant Name: _____

Date of Birth: _____ DL no.: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Background:

Special professional training, skills, and hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Do you have children in the program? Yes/ No

Names of child(ren) in the program: ? _____

If yes, at what age division/team name? _____

Special Certification (i.e. CPR, Medical, etc.): _____

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

If yes, describe each in full: _____

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

If yes, explain: _____

Submit completed form to southbeltgirlssoftball@live.com



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Experience:

List all experience managing/coaching/volunteering with youth softball. Also list experience managing/coaching other youth sports.

	Year	Team	Division/Level	League
1.				
2.				
3.				
4.				
5.				

References:

List 3 personal references.

	Name	Phone Number	Relation
1.			
2.			
3.			

Why do you want to manage/coach/volunteer? _____

As a condition of volunteering, I give permission for the South Belt Girls Softball Association (SBGSA) Organization 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 the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability SBGSA, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SBGSA 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 SBGSA or other Softball Association such as ASA, NSA, USSSA, etc. policies or principles.

Applicant Signature _____

Date _____

Applicant Name (please print or type) _____

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

Local League Use Only:

Background check completed by (league officer) _____ Date _____
System(s) used for background check (minimum of one must be checked): _____ Sex Offender Registry _____ Criminal History Records
Copy of Drivers License or government ID attached? _____

Only attach to this application copies of background check reports that reveal convictions of this applicant.

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