



Columbia City Parks & Recreation

1035 East State Road 205 Columbia City, IN 46725

Volunteer Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ D.O.B: _____

Occupation: _____ S.S #: _____

Community affiliations (clubs, services, organizations, etc.): _____

Previous volunteer experience (including baseball/softball/football/soccer/basketball) include year in (): _____

Previous Baseball/Softball experience (playing, coaching, include level and years): _____

Do you have any children in the program? Yes; League _____ No

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

Do you have a driver's license? Yes DL#: _____ State: _____ No

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

If yes, describe in full: _____

Have you ever been refused/removed from participating in any youth program? Yes No

If yes, please explain in full including year(s): _____

In which of the following positions would you like to participate? (please circle)

Head coach

Assistant coach

Other Volunteer

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

Name

Phone

_____	_____
_____	_____
_____	_____

As a condition of volunteering I give permission for the Columbia City Youth Baseball/Softball Program (CCYB/SP) 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 board receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local CCYB/SP, the offices, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CCYB/SP is not obligated to appoint me a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the Baseball or Softball Boards for violation of CCYB/SP policies and principles.

Signature: _____ Date: _____

Printed Applicant Name: _____

*Note: The Columbia City Youth Baseball/Softball Program will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

OFFICE USE ONLY

Background check completed by (initial): _____ Date: _____

Systems used for background check (minimum of one **must** be circled):

Sexual Offender Registry

Criminal History Records

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