



## Mountainside PAL Volunteer Application

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, hobbies: \_\_\_\_\_

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

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what level? \_\_\_\_\_

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

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

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead to any crime(s): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other your programs? Yes \_\_\_\_\_ No \_\_\_\_\_

# **MOUNTAINSIDE PAL**



If yes, explain: \_\_\_\_\_

In which of the following would you like to participate (Check one or more).

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Scorekeeper \_\_\_\_\_ 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 for the Mountainside PAL 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 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, the Mountainside PAL 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 and removal by the Mountainside PAL Board of Directors for violation of policies and principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: No one shall be discriminated against any person on basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**Office Use Only:**

Background check complete by Mountainside PAL \_\_\_\_\_

On \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry \_\_\_\_\_ Criminal Records \_\_\_\_\_

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

# MOUNTAINSIDE PAL