

CHESTER BASEBALL & SOFTBALL

VOLUNTEER APPLICATION FORM

Volunteer Position Desired: _____ Division _____

Full Legal Name of Applicant _____ Date _____

Other Names (Maiden, Alias, etc) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth _____, 19____

Social Security Number _____ Male ___ Female ___

Drivers License # _____ State _____ Expiration Date _____

Previous Address (List address if not at current address for 5 years)

Street _____ Apt.# _____

City _____ State _____ Zip _____

If you have not yet coached in Chester Baseball or Softball, please fill in below:

References (List 2, not family)

Name **Address** **Phone**

Relationship

Name **Address** **Phone**

Relationship

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Have you ever been arrested, charged or convicted of a crime? No ___ Yes ___

If so, please explain. _____

Previous residence(s) for last five years:

Have you ever had or do you currently have a problem with drugs and/or alcohol?

No ___ Yes ___ If so, please explain :

What is your motivation to volunteer for this position?

What experience do you have working with children?

List any formal training that you have completed that is related to this position.(include first Aid, and/ or CPR training)

Do you have Automobile Insurance? No ___ Yes ___ . If so, enter the company name:

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I understand and agree that:

1. This organization can deny any applicant for any reason or for no reason at all.
2. This application is valid for two (2) years and a new application has to be completed immediately thereafter.
3. By submitting this application I, the applicant, affirm that all the foregoing information I have provided is true and correct.
4. By submitting this application I, the applicant, agree (in return for being permitted to volunteer) that if any of the foregoing information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
5. By submitting this application I, the applicant, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background check(s) and to inform those within the organization who are responsible for accepting and/or supervising volunteers.

Print Name:

Signature

Date

Chester Baseball & Softball

P.O. Box 50

Chester, NH 03036

[Http://home.comcast.net/~chesterbaseball](http://home.comcast.net/~chesterbaseball)