

Bryan County Volunteer Application

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Business Phone: _____
Date of Birth: _____ Occupation: _____
Social Security #: _____
Employer: _____
Employer Address: _____
Special professional training, skills, hobbies: _____

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

Previous volunteer experience (including baseball/softball and year: _____
Do you have children in this program? Yes _____ No _____
If yes at what level? _____
Special Certification (i.e.CPR, Medical, etc.): _____
Do you have a valid drivers license? Yes _____ No _____
Driver's License #: _____ State: _____
Have you ever been convicted of or plead guilty to any crime (s):
Yes _____ No _____ If yes, describe each in full: _____

Have you ever been refused participation in any youth programs?
Yes _____ No _____ If yes, explain: _____

In which of the following would you like to participate? (Check one or more) League Official _____ Coach _____ Umpire _____
Field Maintenance _____ Manager _____ Scorekeeper _____
Concession Stand _____ Other _____

Please list three reference, 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 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 the local organization,the officers, employee and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the organization 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 Director and removal for violation of policies or principles.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

Bryan County Recreation Use Only:

Background check completed by Sheriff Department on _____

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

Sex Offender Registry _____ Criminal History Records _____

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The following is the criteria being researched for persons wishing to act as a volunteer within our organization.

Felony Drug:	Conviction of distribution or selling at any age, time or place.
Child Abuse:	Any charge or conviction, regardless of age, time or place.
Sexual Offenses:	Any conviction, felony or misdemeanor (Suspension pending trial for a charge).
Violent Crimes I.E.:	
Assault, Aggravated Battery, Aggravated Assault:	Any habitual convictions which show a tendency for aggressive behaviors.
Domestic Violence:	Conviction
Pattern:	Behaviour which indicates a pattern or practice of violations of laws or ordinances.

You will not be permitted to work with the Bryan County Recreation Department as a volunteer in any capacity if our search reveals positive findings under any categories above.