

Branchville Frankford Girls Softball
P.O. Box 2142 Branchville, New Jersey 07826
www.bfsoftball.com www.highpointheat.com

Volunteer Application

Name: _____ Date: _____
Address: _____ City/Town: _____
State: _____ Zip: _____ Home Telephone: _____
Cell Phone: _____ Business Phone: _____
Email Address: _____ Occupation: _____
Date of Birth: _____ Social Security# _____
Employer: _____ Address: _____

Professional training, skills, hobbies: _____

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

Previous volunteer experience (Organization/Dates): _____

Do you have children in the program? Yes: ___ No: ___ If yes, please list full name and level: _____

Special certification (i.e. CPR, First Aid, etc.): _____

Do you have a valid driver's license: Yes: ___ No: ___
Driver's license #: _____ State: _____

Have you ever been convicted of or plead guilty to any crime(s): _____

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

In which of the following would you like to volunteer? Coach: ___ Assistant Coach: ___
Scorekeeper: ___ Field Maintenance: ___ Other: _____

Please list three references:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

A valid government issued photo identification document must be presented to the appointing authority and a copy attached to complete this volunteer application.

As a condition of volunteering, I give permission for Branchville-Frankford (High Point Heat) Girls Softball 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 hold harmless from liability the Branchville-Frankford (High Point Heat) Girls Softball Organization, the officers, executives, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments, Branchville-Frankford (High Point Heat) Girls Softball 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 Executives for violation of league policies or principles.

Applicant Name: (Please print or type) _____

Applicant Signature: _____ **Date:** _____

Note: The Branchville-Frankford Girls Softball Organization will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Local League Use Only:

Background check completed by league officer: _____

Date completed: _____

Photo identification document: Yes: _____ No: _____

Sex Offender Registry: Yes: _____ No: _____

Criminal History Record(s) Yes: _____ No: _____

Reference(s) checked: Yes: _____ No: _____

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