



Augusta Girls Softball League Coaches Application



A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE PRESENTED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address (optional) _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special Professional training, skills, hobbies: _____

Community affiliations (Clubs, Services, Organizations): _____

Previous volunteer experience (include baseball/softball and year): _____

Do you have children in the program? Yes No

If yes, at what level? _____

Special Certification (i.e. CPR, Medical): _____

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 other youth program? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Circle one)

Coach Assistant Coach Team Parent

Please list three references, at least one of which has knowledge of your

participation as a volunteer in a youth program:

Name _____ Phone _____

NATIONAL TRENDS IN RECREATION LEAD TO INCREASED SCRUTINY IN THE USE OF VOLUNTEERS. THE UNFORTUNATE TRUTH IS THAT IN TODAY'S SOCIETY WE MUST TAKE EXTRA PRECAUTIONS. THE QUESTIONS CONTAINED ON THIS FORM REFLECT THOSE PRECAUTIONS. WE AND OUR CHILDREN THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING. As a condition of volunteering, I give permission for the AGSI organization to conduct a background check on me, which WILL include a review of sex offender registries, child abuse and criminal history records. I hereby release and agree to hold harmless from liability the AGSI or any Member of the Board, the officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments AGSI 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 Directors for violation of AGSI policies or principles.

Applicant Signature _____ Date _____

Applicant Name (Please Print or type) _____

NOTE: Augusta Girls Softball League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

It is understood and agreed that this position is voluntary and there is no expectation of compensation of any kind. To the extent there is any monetary honorarium provided, it is intended to be nominal and token and should in no way be considered compensation, or an indicator of employment.