

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

Do you have a valid driver's license? Yes No Driver's License # _____ State _____

Accidents or traffic violations? Yes No If yes, explain: _____

Have you ever been convicted of any crimes? Yes No If yes, describe in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

Manager 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 City of Shaker Heights to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. 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 City of Shaker Heights 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 City of Shaker Heights and removal by the Sports Coordinator for violation of league policies or principles.

Applicant _____ Date _____

Please Print

Applicant Signature _____