

**Livingston Youth Baseball Association, Inc.
Livingston, Texas
Volunteer Application**

INSTRUCTIONS:

This application must be completed by ALL volunteers including coaches, managers, administrators, umpires, etc. of the LYBA who have regular access to or repeated contact with athletes.

Please complete both sides of this form and sign where requested. A copy of a valid government issued photo ID must be attached to complete this application.

PERSONAL INFORMATION:

Date of Completion of This Form: _____ / _____ / 20____

Your Full Legal Name: _____

Date of Birth: _____ / _____ / _____

Other Names (maiden, alias, nickname, etc.): _____

Male or Female (circle one) Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Driver's License State: _____ Expires: _____ / _____ / _____

Home Phone #: () _____ - _____ Work Phone #: () _____ - _____ Cell: () _____ - _____

Home Address: List all for the past 7 years

Present (include dates):

Previous (include dates):

Previous (include dates):

Previous (include dates):

(attach a separate sheet if additional space is needed)

QUALIFICATIONS:

What position are you applying for?

Have you ever been convicted of a crime? (if yes, please explain)

Have you ever been refused participation in any other youth sports program? (if yes please explain)

Do you have children in the LYBA program? _____

See Back Page

ACKNOWLEDGEMENT OF TRAINING

I acknowledge that on _____ (date) I was given a copy of the Livingston Youth Baseball Association, Inc.'s (LYBA) Child Abuse/Molestation Risk Management Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless LYBA, its employees, board members, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

Signature: _____ Date: _____ / _____ / _____

Printed Name: _____

CONSENT/RELEASE

I authorize and give consent for Livingston Youth Baseball Association, Inc. (LYBA) to obtain my personal information.

This includes, but is not limited to employment records/employer's references, criminal background records/information, criminal background checks/fingerprints; driving record check, coaching experience, personal references, and addresses.

I authorize this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the LYBA, that the LYBA is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability the LYBA and its directors, officers, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: _____ Date: _____ / _____ / _____

Printed Name: _____

FOR LYBA USE ONLY

Background checks completed by Conduct Official _____ (name) on _____ / _____ / _____
_____ (date)

Sources checked:

- Clean
- Not Clean (keep this form and the record check on file for 15 years if not clean)

Only attach to this copy the records of background checks that are not clean