



VOLUNTEER APPLICATION

(MUST PRESENT VALID DRIVER'S LICENSE IN PERSON OR ATTACH A COPY IF MAILING)

IN CONSIDERATION FOR AN ACTIVE POSITION, all elected and appointed personnel, committee members, team positions, field, concession, and other paid personnel, clinic, and camp personnel are required to have a current Volunteer Application form on file with the league secretary. The BBYSL Executive Board is required to utilize this form to appoint or reappoint personnel to various leadership positions, **paid or unpaid**, in the Bradley-Bourbonnais Youth Softball League, Inc. This application is a viable part of BBYSL's screening procedures for all adult participants who will act in a leadership role and will be in close contact with any BBYSL youth softball players.

(TEAM ASSIGNED COACHES AND UMPIRES HAVE SEPARATE FORMS)

- READ BOTH SIDES BEFORE SIGNING -

(PLEASE PRINT)

DATE: ___ / ___ / ___

1. MARK THE POSITION YOU WISH TO BE CONSIDERED OR NOMINATED FOR: (ONLY ONE PER FORM)

OFFICER	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE-PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER	DIVISION REPRESENTATIVE	<input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U <input type="checkbox"/> 190
COMMITTEE	<input type="checkbox"/> RISK MANAGEMENT <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FIELD & GROUNDS <input type="checkbox"/> PICTURE <input type="checkbox"/> CONCESSION <input type="checkbox"/> OTHER _____		
"TEAM"	<input type="checkbox"/> CONCESSION <input type="checkbox"/> TEAM PARENT <input type="checkbox"/> TEAM SCOREBOOK KEEPER <input type="checkbox"/> PRACTICE	DIVISION	<input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U <input type="checkbox"/> 190
PAID	<input type="checkbox"/> CONCESSION STAND COORDINATOR (MUST BE LICENSED FOOD PROVIDER) <input type="checkbox"/> FIELD & GROUNDS PERSONNEL <input type="checkbox"/> CLINIC OR CAMP PERSONNEL		
IF YOU ACCEPT A BBYSL "PAID" POSITION YOU WILL BE REQUIRED TO SUPPLY YOUR SOCIAL SECURITY NUMBER TO OUR LEAGUE TREASURER.			

2. PERSONAL "CONFIDENTIAL" INFORMATION (STRICTLY For BBYSL Use Only)

LEGAL NAME		DL#
ADDRESS		CITY
HOME PHONE () -		CELL PHONE () -
E-MAIL ADDRESS		DATE OF BIRTH
EMPLOYER	YEARS	OCCUPATION
SUPERVISOR	PHONE NUMBER () -	EXT

PERSONAL REFERENCES (PLEASE PROVIDE TWO ADULT INDIVIDUALS NOT LIVING WITH YOU)

NAME	ADDRESS	PHONE () -
NAME	ADDRESS	PHONE () -

- Do you have any other previous youth recreational experience? YES (Detailed On Back) NO
- Do you have any SPECIAL CERTIFICATION? YES NO
- Have you ever been "refused" participation in any youth program? YES (Detailed On Back) NO
- Have you ever been "suspended" from any youth program? YES (Detailed On Back) NO
- Have you ever been "convicted or pleaded guilty" to a crime? YES (Detailed On Back) NO
- Have you ever been "convicted of or been required to register" for any child or sexually related offenses? YES (Detailed On Back) NO

9. FAMILY PLAYER INFORMATION (Please List Others On Back)

PLAYER NAME	RELATION	AGE	GRADE	SCHOOL
<input type="checkbox"/> NEW PLAYER <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U	<input type="checkbox"/> PLAYED LAST YEAR	<input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U	PLAYING THIS YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	

PREREQUISITES FOR BBYSL VOLUNTEER APPLICANT (paid or un-paid) (All Must Be Checked)

- I will comply with and uphold the BBYSL By-Laws and will make positive suggestions to improve the league for all.
- I understand that this form is an application and does not guarantee that I will be assigned to any position.
- I understand that this appointment is ONLY for the duration of the current season unless revoked sooner by the BBYSL Executive Board.
- I understand that at the direction of the Executive Board, I may be subject to third party background investigations to determine any suitability for this sensitive BBYSL position and I approve of such action as deemed necessary.
- I further understand that upon my application being approved by the Executive Board for the position requested, I will be required to sign an Adult Waiver/Release of Liability Form and a Code of Conduct Form.
- ALL INFORMATION ON THIS APPLICATION, FRONT AND BACK, IS HONEST, TRUE, AND VALID, AT THIS TIME.

I HAVE CAREFULLY READ this application, FRONT AND BACK, which contains ALL INCLUSIVE information provided and/or attached by me and BBYSL, and now VOLUNTARILY SIGN this form.

YOUR SIGNATURE: _____ DATE: _____

LEAGUE USE ONLY: Your Application was <input type="checkbox"/> Approved <input type="checkbox"/> Denied by BBYSL on ___ / ___ / ___ .
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(BACK PAGE) Volunteer Application

ADDITIONAL DETAILS SUPPORTING MY ANSWERS TO QUESTIONS FROM THE FRONT PAGE

3. **YOUTH RECREATIONAL EXPERIENCE:** (Need More Room, Please Use A Separate Page & Attach)

5. **REFUSED PARTICIPATION:** (Need More Room, Please Use A Separate Page & Attach)

6. **SUSPENDED:** (Need More Room, Please Use A Separate Page & Attach)

7. **CONVICTED OR PLEADED GUILTY:** (Need More Room, Please Use A Separate Page & Attach)

8. **CONVICTED OF OR REQUIRED TO REGISTER:** (Need More Room, Please Use A Separate Page & Attach)

9. **ADDITIONAL FAMILY PLAYER INFORMATION**

PLAYER NAME	RELATION	AGE	GRADE	SCHOOL
<input type="checkbox"/> NEW PLAYER <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U	<input type="checkbox"/> PLAYED LAST YEAR	<input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U	PLAYING THIS YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	

Additional Disclosure/Waiver Statements

As a participant in Bradley-Bourbonnais Youth Softball League, Inc. (BBYSL/League) in any capacity, paid or not paid, hired staff or volunteer, I agree to the following statements:

- I understand fully that it is the intent of BBYSL to provide a recreational softball program committed to the safety, health, and education of all registered players and will deny participation to any person who has been convicted of a crime of violence or a crime against another person, especially a convicted crime against a child; and,
- In the event, after my appointment to this participating position, that I am “**convicted**” of a crime of violence or a crime against another person, I shall immediately disclose to the BBYSL Executive Board, in a written and signed statement, my “**immediate resignation**” from my volunteer participating position and ALL League functions, except as that of a spectator, unless legal judgment(s) prevents me from doing so; OR,
- In the event, after my appointment to this participating position, that I am “**accused**” of a crime of violence or a crime against another person that is “**under legal investigation**”, I shall immediately disclose to the BBYSL Executive Board, in a written and signed statement, my request for “**immediate suspension**” from my volunteer position and ALL League functions, except as that of a spectator, unless or until a legal judgment prevents me from doing so; and,
- Any omission, misrepresentation, or falsification of the facts and/or information provided by me on this application may be grounds to deny and/or may cause immediate termination of my position with the Bradley-Bourbonnais Youth Softball League, Inc.; and,
- I authorize the BBYSL Executive Board to inquire about and/or verify my personal information: address, employment, references, coaching experiences, and special certifications(if any), including criminal background checks and abuse history which may contain arrest and conviction data; and,
- I WAIVE my right to assert that such an inquiry, investigation, or request constitutes any invasion of my privacy; and
- In the event my application is denied on the basis of an outside third party background check, the sources of confidential information cannot be revealed to me and/or anyone else, except the BBYSL Executive Board; and
- I FURTHER RELEASE AND HOLD HARMLESS the Bradley-Bourbonnais Youth Softball League, Inc., its executive board and officers, employees, affiliates, volunteers, agents and representatives, as well as any third party sources from any liability in connection with such inquiries, requests, and investigations; and,
- I further agree to conform to the rules, regulations, and policies of BBYSL and understand that my participating position can be modified or terminated, with or without cause, at any time, and these actions may be exercised by either the BBYSL Executive Board or myself after a private hearing between the two parties; and,
- I understand and agree that BBYSL may, at their sole discretion, decline to accept my application for this participating position with or without cause in the best interest of the League; and,
- I again state that ALL INFORMATION PROVIDED BY ME, THE APPLICANT, ON THIS APPLICATION, INCLUDING the FRONT AND BACK, IS HONEST, TRUE, AND VALID AT THIS TIME; and,
- FINALLY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND BOTH SIDES OF THIS FORM TO BE AN APPLICATION, ALONG WITH OTHER DOCUMENTS I MAY HAVE ATTACHED, AND SIGN BELOW VOLUNTARILY.

(MUST PRESENT VALID DRIVER’S LICENSE IN PERSON OR ATTACH A COPY IF MAILING)

YOUR SIGNATURE: _____ **DATE:** _____